

Emergency Room Staff Training for Adolescent Suicide Attempters

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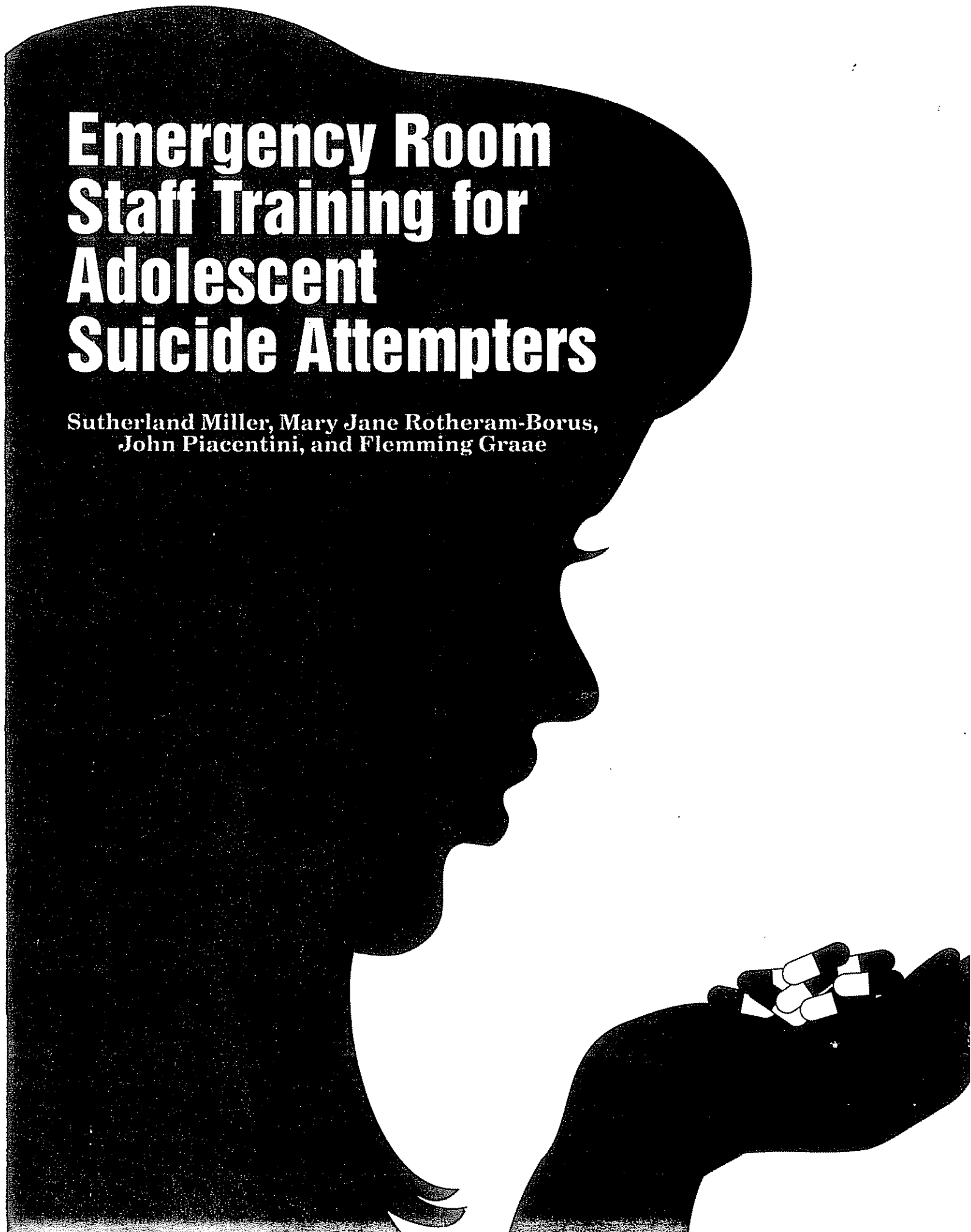


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Introduction

This manual outlines a training program for professionals who work with suicidal youth in an emergency room setting. The goal of this training program is to increase the rate at which these youth and their families are compliant with recommended follow-up psychiatric treatment. The specific objectives presented for each discipline were derived from numerous intensive focus groups with both adolescent suicide attempters and their families (both those that were and were not compliant with follow-up treatment recommendations) and emergency room personnel (including pediatricians, child and adult psychiatry residents, pediatric nurses, social workers, and security personnel). The training program was developed and implemented at Columbia Presbyterian Medical Center in New York City.

To create a clear, easily understood and implemented training program each session provides a step-by-step description of what to do and say. However, no manual can capture fully the range of situations, examples, and issues that would be presented by participants in every different setting. It is expected that, once trainers become familiar with the material, they will be innovative, flexible, and spontaneous in their presentations and adapt the descriptions and procedures to be consistent with their emergency room settings and staffing patterns.

In the following pages we have provided a brief and selective overview of the research literature describing the problem of treatment noncompliance by suicidal adolescents and a way in which certain family factors relate to this problem. We feel that trainers will best be able to provide a good rationale for some of the specific objectives in the training program if guided by a solid understanding of the issues in this area.

Overview

Suicide attempts are a significant problem and attempters are at high risk for many negative outcomes, particularly associated with family dysfunction.

A suicide attempt is defined as any act of non-fatal self-injury, including ingestion of a substance in excess of the prescribed or generally recognized dose, with the intent to harm. While the rate of completed teenage suicide has been rising over the last 15 years, there are few epidemiological studies of attempted suicides. It is believed that there are about 100 unsuccessful attempts for every completed suicide. Estimates of actual attempt rates have ranged from 2% in community samples (Earls, 1989; Velez & Cohen, 1988), to 7-13% in self-report school-based surveys (Pfeffer et al., 1986; Smith & Crawford, 1986) to 34% among adolescents in a psychiatric setting (Pfeffer et al., 1988). It has been estimated that adolescent suicide attempts account for up to 12% of all emergency room visits for that age group (Ravenhorst, 1975).

Most of these attempters are females; the ratio of attempts is about 10:1 female to males (Shaffer, Baker, Fisher & Garland, 1988). In our own ER, 107 females and 4 males were admitted for suicide attempts during one 12 month period (Trautman et al., 1989), leading us to focus on females in this training program. Thus, suicide attempts among females are a significant problem.

While there have been only a few follow-up studies, each has shown that adolescent attempters continue to have problems in a number of areas long after their initial attempt. It is estimated that from 31% to 50% of attempters try again to kill themselves (Kotila & Lonnqvist, 1987; McIntire & Angle, 1980; Trautman & Rotheram, 1985; Litt, Cuskey, & Rudd, 1983). Cohen-Sandler et al. (1982) reported 40% of their sample of attempters to have below average social and behavioral adjustment 1.5 years after their attempt; and Barter, Swaback, & Todd (1968) found 42% of hospitalized attempters to have inadequate peer relations and 28% to be performing inadequately at school 22 months after discharge. In a review of the literature, Trautman and Shaffer (1984) found that family conflicts typically go unchanged. In a review of adolescent adjustment, Ensinger (1987) found suicidality to be one of a cluster of high risk acts including depression, trouble at school and with the law, and unprotected sexual intercourse. Each of these studies indicates that adolescent attempters are likely to have other problems, in addition to suicidal acts, that could benefit from intervention.

Family conflict and dysfunction are associated with attempts.

Rotheram-Borus et al. (1990) found that 78% of suicide attempts among a series of 77 minority females in New York City were precipitated by a family conflict. A substantial number of studies indicate that adolescent suicide attempters come from families in which there is an increased level of both parent-parent and parent-child conflict (Brook, 1974; Williams & Lyons, 1976; Facy et al., 1979; Shaffer, 1974; Trautman & Shaffer, 1984; McKenry, Tishler, &

Kelley, 1982; Rubenstein et al., 1989). Both adolescents' reports and clinicians' observations are consistent in describing these parents as hostile, indifferent, and lacking responsiveness to the adolescent's crises (McIntire & Angle, 1973; Yussin, Sivay, & Nihira, 1973). Hirshfield and Blumenthal (1986) and Petzel and Cline (1978) found that compared to nonsuicidal peers, the families of suicide attempters have experienced more separations, parental divorces and deaths, and severe family discord. Adolescent attempters also perceive their parents as exhibiting extremely high expectations and being highly controlling (McIntire & Angle, 1973; McKenry, Tishler, & Kelley, 1982). Even when parents perceive their own relationships as relatively happy and similar to non-attempters, the adolescent attempters perceive their parents' relationships as more dysfunctional. Thus, it appears that there is conflict within families of attempters due to differing perceptions of their mutual relationships. In our hospital's catchment area, parents who are immigrants from Puerto Rico and the Dominican Republic are raising children in New York City. Conflicts often emerge within these families from unrecognized differences in acculturation across generations (Rotheram-Borus, 1989). For example, parents are raised in a culture where girls do not date unescorted prior to marriage, but adolescents are growing up with a peer group that starts dating alone at age 14. When parents set limits on their adolescent's behavior that are consistent with the parent's cultural norms, the adolescent is likely to perceive this as overly controlling and punitive. Rather than emerging from a dysfunctional family, these conflicts can be best resolved by increased understanding of the underlying cultural differences. Finally, it appears that families are sources of models for attempting suicide. Fisher and Shaffer (1984) report that adolescent suicide attempters have friends or family members who are more likely to have exhibited suicidal behavior.

Few attempters receive treatment, often due to family problems.

While adolescent suicide attempters appear to have a significant number of problems, they often fail to attend outpatient services when referred from the ER. Since these girls are at risk for negative outcomes, particularly for untreated family problems, it is critical that effective, brief interventions are initiated in the ER to increase compliance. Trautman & Rotheram (1986) found that only 24% of adolescents seen in an ER for a suicide attempt complete brief family therapy intervention. Such data are not unique to New York. Litt, Cuskey & Rudd (1983) reported 39% compliance with outpatient treatment among 10-17 year-old attempters, more than half of whom had been hospitalized. Similarly, Taylor & Stansfeld (1984) found only 66% to keep one outpatient psychiatric appointment scheduled for one week after discharge among 8-17 year old attempters, primarily females. Rubenstein et al. (1989) found that 75% of attempters did not receive any therapeutic services in the year they attempted suicide. These rates are similar to those found for compliance with medical regimens for chronically medically ill adolescents (Litt et al., 1981, 1982) and only slightly higher than those found for adult attempters (Bagard, 1970; Paykel et al., 1974; Knesper, 1982). Noncompliance among minority persons and those from lower socioeconomic backgrounds are often higher than the reports cited earlier (Wolkind & Rutter, 1985).

The family has emerged as a critical predictor of treatment compliance in several studies. At Columbia Presbyterian Medical Center, parental substance abuse and personal health problems are associated with higher treatment compliance (Trautman, 1989); Gould, Shaffer & Kaplan (1985) found maternal psychopathology to be highly related to noncompliance in the outpatient clinic; and Bacon (1985) found noncompliant families to have significantly more rigid family structure than compliant families. Clinicians have observed that the precipitating crisis may defuse as suddenly as it arose; the attempt may quickly lose salience against a backdrop of multiple other intrapersonal and familial stresses; and the family is then un-

motivated for treatment (Trautman, 1988). Taylor and Stansfeld (1984) were alone in finding that parental psychopathology did not relate to compliance. The family appears to play a critical role in enhancing compliance and, therefore, we focus on the family in designing the specialized ER program.

Other research focusing on psychopathology among attempters indicate that those in greatest need are not receiving treatment. Litt et al. (1983) reported that a history of previous suicide attempts was associated with more noncompliance. Taylor and Stansfeld (1984) found it related to increased psychiatric symptoms, especially depression, receiving a psychiatric diagnosis, and reporting a greater intent to die. These compliance rates are especially discouraging, since there is some evidence from adult studies that even brief contact following a suicide attempt can lower the rates of future suicidal behavior, including attempts, completions, and ideation, and improve both mental state and social adjustment (Trautman & Shaffer, 1984). Thus, before any evaluations of therapeutic interventions can be conducted, compliance must be increased substantially.

Programs in the ER can change compliance, particularly among minority populations.

In addition to the need for addressing the family conflict, characteristics of the initial ER contact following a suicide attempt may play an important role in determining future compliance (Shaffer et al., 1988). Repetitive evaluations and long waiting periods between evaluations by various staff members serve to instill a negative image of mental health care among attempters and their families. Efficient and inviting staff and services may provide a method of enhancing compliance. Deykin et al. (1988) found that an intervention program combining ER-based direct-service outreach work and a series of educational conferences aimed at community health providers and school personnel yielded increased compliance rates as compared to standard ER procedures. On a simpler level, Rogakowski and Edmundsen (1971) and Kogan (1957) found significantly higher compliance rates for adult attempters when the follow-up appointments were made for them by ER staff as opposed to them just receiving a name and phone number. Brockless (1983) reported that follow-up telephone contact increased compliance for a group of child psychiatry outpatients. The successful characteristics of each of these programs are incorporated in this training program.

Unrealistic expectations regarding therapy are also a major factor affecting compliance among minority populations (Bent et al., 1975; Strupp, 1978; Haley, 1977; Nichols & Beck, 1960). Frequently, there are differences in social expectations between minority groups and health care providers (Phinney & Rotheram, 1987). For example, minority persons and persons of lower socioeconomic background expect to see significant change at the end of the first intervention session, compared to the expectations of health care providers who often believe that it may take several months to evaluate the persons need for care (Bergin & Garfield, 1982). These differences in social expectations extend to perceptions of interpersonal interactions. For example, a doctor's "assertive" behavior can be perceived as aggressive to a Hispanic American (Rich & Schroeder, 1976; Rotheram, 1984); and norms and definitions of positive coping vary substantially by ethnic group (Mechanic, 1984). A more basic barrier is English language skills, particularly among Hispanic Americans. Given differences in social expectations and language, it is not surprising that persons of Hispanic, Black, and Asian backgrounds have been found to have more negative attitudes towards mental health care in the U.S. (Gordon & Steele, 1984), to perceive mental health care as a shaming experience (Gaw, 1975), and to utilize alternative culture-specific resources for dealing with mental health problems (Garrison, 1977). This training program addresses these issues by providing an intervention to help staff to become culturally sensitive to the norms and beliefs of

the minority families they serve to establish shared expectations and awareness, and to recognize cultural differences.

Brief, cognitive-behavioral family therapy appears to be the treatment of choice, although not previously evaluated.

There have been no evaluations of therapeutic interventions with adolescent suicide attempters. Without higher compliance rates, no researchers can obtain representative samples. Treatment of adolescent attempters has been based on empirical research with adults. Suicidal adults are often depressed and interventions for suicidal adults have paralleled those for depressed adults (Beck, Rush, Shaw, & Emery, 1979). It has been established that depressed and suicidal adults appear to enjoy few pleasurable activities (Fuchs & Rehm, 1977; Harmon, Nelson, & Hayes, 1980; Lewinsohn et al., 1978) and have dysfunctional cognitive styles (Abramson, Seligman, & Teasdale, 1978; Seligman et al., 1984; Beck, 1967). Thus, it has been suggested that therapy programs for suicidal and depressed adolescents aim at changing the youths' behavioral and cognitive styles (Trautman & Rotheram-Borus, 1989; Giuseppi, 1981; Emery et al., 1983).

There is preliminary evidence supporting the adoption of cognitive-behavioral interventions, since adolescent suicide attempters share cognitive deficits similar to depressed adults. For example, poor interpersonal problem solving ability has been found among adolescent female suicide attempters (Rotheram-Borus et al., in press), suicidal children (Asarnow, Carlson, & Guthrie, 1987), suicidal adolescents (Levenson, 1974), and depressed university students (Gottlib & Asarnow, 1979). Female suicide attempters have also been found to have attributional styles similar to depressed adults, with attempters perceiving negative situations as their own fault, unchanging, and pervading their life (Rotheram-Borus et al., 1990). These cognitive deficits are highly consistent with findings among depressed adults and support the adoption of cognitive-behavioral intervention models for attempters. The one study examining deficits in pleasant activities was not consistent with the literature on depression (Rotheram-Borus et al., 1990), however, it may be that the adult measure of pleasant activities is not appropriate for adolescents. Clinicians working with adolescents (Trautman & Rotheram-Borus, 1988) and families (Stuart, 1980) advise emphasizing positive events and personal strengths, particularly with depressed suicide attempters. The findings that cognitive-behavioral interventions for depressed children and adolescents are reasonably successful (Coats & Reynolds, unpublished; Butler et al., 1980) further support the adoption of cognitive-behavioral models for suicidal adolescents.

It is critical, however, that the cognitive-behavioral interventions include the family in treatment. Adolescent's thoughts and behavior patterns evolve in a social context and are influenced by that context (Bandura, 1977). Mothers, but not fathers, and their children appear to share depressive feelings and attributional style for negative events (Seligman & Peterson, 1986). Parental participation is central to successful therapy outcomes (Rutter, 1972; Shaffer, 1984; Reisinger et al., 1976; Strain et al., 1981; D'Angelo & Walsh, 1967). Therefore, the exercises described in this project are focused on increasing family participation in follow-up treatment.

Based on these observations, a brief family therapy model has been developed that focuses on; increasing positive interactions among family members, identifying problem areas, recognizing strengths in the family, training families to recognize the nature and intensity of their feelings, enabling families to exert self-control over their feelings, and developing cognitive strategies (interpersonal problem solving and shifts in attributional style) to cope with stress (Rotheram-Borus et al., 1992).

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Tips For The Trainer

TIPS FOR THE TRAINER

- 1. Reward frequently any observable positive facilitative behavior.**
- 2. Be supportive.**
- 3. Give compliments.**
- 4. Be non-judgmental.**
- 5. Create a happy group.**
- 6. Encourage group cohesion.**
- 7. Model appropriate assertive behavior.**
- 8. Be firm.**
- 9. Illustrate points through modelling.**
- 10. Keep language simple.**
- 11. Encourage group member's sharing of their own experience.**
- 12. Build on strengths.**
- 13. Listen.**
- 14. Let the group members do the reacting, responding, thinking and analyzing.**
- 15. Be flexible.**
- 16. Keep trying. If one approach doesn't work, find another one.**

How To Use The Manual

HOW TO USE THE MANUAL

1. Review each session ahead of time.
2. The format consists of objectives, rationale, procedures, materials, and a word for word presentation of what you say.
3. In the text of each session **CAPITALIZED WORDS** and sentences in bold print are instructions to the group leader, and the small lettered words are what you say to the participants.
4. As you become familiar with what you are to say and feel comfortable, use your own words rather than what is written for you to say.
5. Check to make sure you have the necessary equipment and materials.
6. Learn how to use the practice cards:
 - Each has on it the number, front or back, and the target group.
 - Shuffle the cards.
 - Give the card to the first group member.
 - The group member passes the card.
 - The cards say "Pass to the person who..." make sure someone agrees to accept the card.
 - That person then reads what is on the card to the group member who passed it.
 - The group member answers.
 - Often the back has on it a suggested answer which the person who read the card can go over.
 - Move on to the next person.
 - Collect the cards at the end.
7. Be creative. Use the manual to suit the needs of your youth and your own style, but make sure that when a session is over, group members are more competent in some observable way than they were before the session began.

Training Program for E.R. Pediatric Physicians: Treatment Adherence in Adolescent Suicide

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO FOLLOW-UP TREATMENT RECOMMENDATIONS.

SECONDARY GOALS ARE TO...

- 1. Increase the rapport between emergency room pediatricians and families, and overcome barriers created by language, custom, and dealing with strangers.**
- 2. Support the family rather than blame it.**
- 3. Increase the family's comfort, by coping with their confusion and lack of knowledge.**
- 4. Increase being treated with respect.**
- 5. Increase a sense of privacy.**
- 6. Provide some positive reinforcement to the family and attempter.**
- 7. Make treatment adherence an explicit goal of all emergency room staff.**

SPECIFIC OBJECTIVES ARE THAT PEDIATRIC ER PHYSICIANS WILL:

- 1. Respond to cultural differences.**
- 2. Orient families to what will happen to them and their child in the emergency room.**
- 3. Know the attempter's path through the Emergency Room.**
- 4. Explain to the family that because their child may have attempted suicide does not mean that they are "bad" parents.**
- 5. Cope with their responses to an uncommunicative attempter.**
- 6. Show appreciation to the family. (Examples are as follows: for coming with the daughter, acting in a supportive way toward the daughter, patience, calmness, providing information, compassion, etc.)**

7. Show appreciation to the daughter. (Examples are as follows: For being brave, calm, remorseful, optimistic about working things out, thoughtful about what happened, cooperative, disclosing feelings, etc.)
8. Emphasize to the family how important it is to follow up with treatment.

MATERIALS

Handout: Barriers to Treat Adherence: A Family Perspective
Handout: What Happens to an Adolescent Suicide in the E. R.
Scripts: Mrs. Gomez and the Doctor
 Mr. Acosta and the Doctor
 The Doctor and Mrs. Guarnizo
 The Doctor and Maria
 The Doctor and Inez
Handout: A Family in the Emergency Room

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____ and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many adolescent suicide attempts you have dealt with here in the Emergency Room (ER).

Have each person say who they are and how many adolescent suicide attempters they have examined.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER, the girls and their families are to be involved in a short-term treatment program.

Eleven percent don't make it to the intake interview¹.

Others attend the intake interview but don't show for the first therapy session, and another group fails to complete the treatment.

Non-adherence is a substantial problem.

We need your help in trying to fix that situation.

If the family adheres to treatment, you won't have to treat that family again in the ER.

(Note¹: The above figures are based on our ER experience. If local statistics are available and more accurately describe compliance patterns, they should be substituted.)

In a minute I'll tell you about what we have learned through focus groups with the families and the steps we are taking to change how families relate to the hospital.

First, however, I'd like to know what kind of gut-level reactions you have had to working with these girls and their families in the emergency room.

For example, after having finished with a case how do you end up feeling?

Encourage sharing of feelings, expressing appreciation for self-disclosure.

Thanks. That's very helpful.

Your feelings when working with them are important in devising strategies for increasing compliance.

Let's take a look at the views held by the families.

A number of focus groups were held with families to see from their perspective what might be the barriers to involvement in the follow-up psychiatric treatment.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

ANXIETY: Due to the distance created by language and custom differences.

EMBARRASSMENT: Due to discussing such personal matters with strangers.

CONFUSION: Due to not understanding what was expected in the emergency room, what was happening, and why.

BLAMED: Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.

- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
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NOTE: *The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.*

To deal with these barriers and improve our adherence rate we are instituting a number of new procedures in the ER process.

First, we are meeting with all ER staff groups who have contact with adolescent suicide attempters and their families.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her room in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are employing a bilingual family therapist who will be on duty 24 hours a day.

We want to work together on some specific ways that might encourage these families to participate in treatment.

While our emphasis is on treatment adherence, we recognize that while these girls are in the emergency room's care your professional responsibility includes more than the family's attendance at future treatment.

Exercise 2: Understanding How the ER Process Works

Before going further, it may be useful to examine how the Emergency Room processes an adolescent who attempts suicide.

Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 3: Coping with Difficult Situations

I would like to start by asking for your ideas on how to handle some difficult situations.

If I could have two volunteers to play the roles in this script.

Obtain volunteers. Give out scripts of MRS. GOMEZ AND THE DOCTOR. The text of the script is found below.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

Make up your own dialogue as you go along.

The rest of us will observe and give feedback.

Each group member will be assigned a different task.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the doctor is feeling.

You watch for what the mother is feeling.

You watch for what the doctor is probably thinking, and you do the same for the mother.

You observe the doctor's actions, and you the mother's actions.

Let's get started.

Mrs. Gomez and the Doctor

MRS. GOMEZ: Are you Francisca's doctor?

PHYSICIAN: Yes, I am Dr. Elder.

MRS. GOMEZ: So what's happening here? We come in the door and they take her away. Is Francisca going to be OK? There's so many people here. We never came here before. I don't know what's going on.

PHYSICIAN: Yes, it's very busy tonight.

MRS. GOMEZ: So what am I supposed to do? Just walk around and pace? Can't I go with her?

PHYSICIAN: You stay here. As soon as I get a chance, I am going to examine her.

MRS. GOMEZ: Where's she going to be?

PHYSICIAN: Right over there behind that curtain.

MRS. GOMEZ: She has to take her clothes off where everybody can see?!

PHYSICIAN: No, the curtain closes tightly.

MRS. GOMEZ: Oh, this is terrible!

PHYSICIAN: Don't worry. She'll be in good hands.

MRS. GOMEZ: So what am I supposed to do? Just hang around here? There's no magazines or nothing. I don't know what's going on here.

PHYSICIAN: They will need to talk to you later.

MRS. GOMEZ: I don't like this place. How long has she got to be here?
(KEEP GOING ON YOUR OWN)

PHYSICIAN: (KEEP GOING ON YOUR OWN)

After a few minutes of spontaneous interaction, stop the role play and thank the players.

|| Now, Dr. Elder and Mrs. Gomez, tell us how you felt during the exchange.

|| Also what did you do that you liked and what would you have changed?

Obtain responses. Look for Mrs. Gomez feelings of confusion, anxiety, and disorientation.

|| Let's hear from the observers.

|| What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on orienting Mrs. Gomez and reducing her confusion and anxiety.

|| What kinds of experiences have you had that were similar to this one?

Obtain responses.

|| That was very helpful.

|| Now who will play Mr. Acosta and who will play the doctor?

Select the volunteers and give out the scripts of MR. ACOSTA AND THE DOCTOR. The text of the script follows. Also assign roles to the observers. Use the same instructions as before.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

The rest of us will observe and give feedback.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the doctor is feeling.

You watch for what the father is feeling.

You watch for what the doctor is probably thinking, and you do the same for the father.

You observe the doctor's actions, and you the father's actions.

Let's get started.

Mr. Acosta and the Doctor

MR. ACOSTA: Hey, doctor! I want to talk to you.

PHYSICIAN: Yes.

MR. ACOSTA: See that guard sitting over there where my daughter is? By that curtain?

PHYSICIAN: Yes.

MR. ACOSTA: I heard him say, "How could a mother let her daughter do a thing like that?" We're good parents. We got five kids. We give her everything we can. I work two jobs, weekends, long days. My wife's got five kids, and she takes good care of them.

PHYSICIAN: The guard said that?

MR. ACOSTA: He sure did. We never had big problems before. We try real hard. She's our oldest daughter. This is not a good neighborhood. Drugs. People killing each other. Wild kids. But we work very, very hard. What are we supposed to do? (KEEP GOING ON YOUR OWN)

PHYSICIAN: (KEEP GOING ON YOUR OWN)

After a few minutes of spontaneous interaction, stop the role play and thank the players.

Now, Doctor and Mr. Acosta, tell us how you felt during the exchange.

Also what did you do that you liked and what would you have changed?

Obtain responses. Look for Mr. Acosta's feeling of annoyance over his perception of being accused and any resulting feelings of shame.

Let's hear from the observers.

What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on reducing Mr. Acosta's feelings of being labelled a "bad parent."

That was a great job dealing with a difficult one.

This time who will play the doctor and who will play Mrs. Guarnizo?

Select the volunteers and give out the scripts of THE DOCTOR AND MRS. GUARNIZO. The text of the script follows. Also assign roles to the observers. Use the same instructions as before.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

The rest of us will observe and give feedback.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the doctor is feeling.

You watch for what the mother is feeling.

You watch for what the doctor is probably thinking, and you do the same for the mother.

You observe the doctor's actions, and you the mother's actions.

Let's get started.

The Doctor and Mrs. Guarnizo

PHYSICIAN: My name is Dr. Stein, and I will be examining your daughter, Maria, to see what her condition is.

MRS. GUARNIZO: No hablo mucho english.

PHYSICIAN: Oh! Mi nombre es Dr. Stein. Yo no hablo espanol. ¿Puedo usted ayudarme? Por favor, habla un pocito inglés.

MRS. GUARNIZO: Hokay. I try.

PHYSICIAN: Where are you from?

MRS. GUARNIZO: Yo, Dominican.

PHYSICIAN: Have you been here long?

MRS. GUARNIZO: Dos mes.

PHYSICIAN: How's that?

MRS. GUARNIZO: Two months.

PHYSICIAN: I went to Puerto Plata for a week several years ago.

MRS. GUARNIZO: Like it?

PHYSICIAN: Very much.

MRS. GUARNIZO: Never go there.

PHYSICIAN: Well..... (LONG PAUSE) How do you feel being here in the
Emergency Room with your daughter?

MRS. GUARNIZO: I worry. For her - for me.

PHYSICIAN: (KEEP GOING ON YOUR OWN)

MRS. GUARNIZO: (KEEP GOING ON YOUR OWN)

After a few minutes of spontaneous interaction, stop the role play and thank the players.

Now, Doctor and Mrs. Guarnizo, tell us how you felt during the exchange.

Also what did you do that you liked and what would you have changed?

Obtain responses. Look for feelings of distance and lack of understanding.

Let's hear from the observers.

What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on dealing with the cultural, language, and other differences between Dr. Stein and Mrs. Guarnizo.

Those are good ideas for reducing the distances.

This time who will play the doctor and who will play Maria?

Select the volunteers and give out the scripts of THE DOCTOR AND MARIA. The text of the script follows shortly. Also assign roles to the observers. Use the same instructions as before.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

The rest of us will observe and give feedback.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the doctor is feeling.

You watch for what Maria is feeling.

You watch for what the doctor is probably thinking, and you do the same for Maria.

You observe the doctor's actions, and you Maria's actions.

Let's get started.

The Doctor and Maria

DOCTOR: Maria, as I understand it, you took some pills.

MARIA: (SILENCE)

DOCTOR: Is that right, Maria?

MARIA: I guess.

DOCTOR: You don't know?

MARIA: I took them.

DOCTOR: What kind were they?

MARIA: Aspirin.

DOCTOR: How many?

MARIA: Twelve.

DOCTOR: All at once?

MARIA: Yes.

DOCTOR: What led up to it?

MARIA: It's none of your business.

DOCTOR: I need to know.

MARIA: Ask him.

DOCTOR: Who?

MARIA: He hit me.

DOCTOR: Who hit you?

MARIA: My father.

DOCTOR: How come?

MARIA: Ask him.

DOCTOR: What do you think?

MARIA: He hates me.

DOCTOR: Why do you say that?

MARIA: All I wanted to do was to go out with my boy friend. He says "no." Doesn't give me a reason. I sneak out. He catches me, hits me, locks me in. So I take the pills. Maybe next time he'll know I'm serious.

DOCTOR: About killing yourself?

MARIA: About going out with Rolando.

DOCTOR: (KEEP IT GOING ON YOUR OWN)

MARIA: (KEEP IT GOING ON YOUR OWN)

After a few minutes of spontaneous interaction, stop the role play and thank the players.

Now, Doctor and Maria, tell us how you felt during the exchange.

Also what did you do that you liked and what would you have changed?

Obtain responses. Look for the doctor's feelings of irritation with Maria. Is she really suicidal? Just taking up ER time and space with her manipulation?

Let's hear from the observers.

What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on dealing with the feelings that Maria generated in the doctor. Was she wasting the ER's time, being manipulative?

Those are good ideas for dealing with one's own reactions.

Exercise 4: Recognizing Positive Behavior

Now that we have dealt with difficult situations and obtained your thoughts on handling them, I want to turn to another strategy that may help us with treatment adherence.

Being in the Emergency Room after a suicide attempt is not a pleasant event for the family and attempter.

But if there is nothing positive that happens to them during those six to twelve hours, families will be much less eager to return.

They will associate us with nothing but pain.

Are there things we can do to turn that situation around?

Our goal is to decrease stress in the emergency room so that we will increase families' returning for treatment.

We have found that showing appreciation to people for positive and constructive actions makes a difference.

In short we want to catch these family members doing something good.

I am going to pass out a brief description of a family in the Emergency Room.

I would like you to work in pairs, picking out the behavior that is positive for each parent.

Hand out the description and arrange the group in pairs. Allow about five minutes for selecting the items.

A FAMILY IN THE EMERGENCY ROOM

Mr. and Mrs. Sanchez have come to the ER with their daughter, Inez, who has attempted suicide. They sit quietly going over the material on adolescent suicide and what happens in the ER. This package has been provided to them at the admitting desk. They appear to be reading the material and discussing it. Mr. Sanchez puts his arm around Mrs. Sanchez and comforts her.

When called, Mrs. Sanchez goes into the room where their daughter is. She whispers to her daughter, gives her back a quick rub and sits next to her. She holds her daughter's hand.

Both parents are interviewed. They answer all the questions and provide whatever additional information that they think will be helpful. They express an interest in trying to find out what this problem in their life is all about. They do not make any blaming statements regarding their daughter.

The therapy regime is explained to them. They don't look happy about the disruption that attending therapy will bring to their busy lives, but they indicate that they will do whatever is best for their daughter. They ask questions about what is entailed. They want to know if going to therapy means that their family is crazy. Mr. and Mrs. Sanchez indicate that they are quite upset over this incident. They ask if it means they have failed their daughter. Mr. Sanchez wants to see where the therapy sessions are held.

What positive behaviors have been demonstrated by Mr. and Mrs. Sanchez?

Ask the pairs what are examples they discovered in the description.

What kinds of positive behaviors did you locate?

Encourage examples of supporting each other, not blaming, involvement, wanting to work things out, the mother's compassion, the father's presence, the commitment to treatment, disclosing feelings, volunteering information, and sharing concerns.

How would you tell Mr. and Mrs. Sanchez that you appreciated their behavior?

Encourage modeling of giving appreciation. Examples are as follows:

"It's good that you both came to the emergency room."

"Thanks for waiting so patiently."

"I appreciate all this information you have given me."

"I like the way you have been trying to figure out what happened."

"It's good to see you are not blaming yourselves."

"You have given me very thoughtful and helpful answers."

"I like the way you show your support of each other in a rough time like this."

"I appreciate your interest in what therapy is all about."

"I like your commitment to wanting to solve this."

"Your family has a lot of strengths that will come in useful when you enter therapy."

"I am glad you can be open about how you feel and also express the worries that you have."

"I like your optimism about working this problem through."

Now let's try it with the daughter.

I am going to ask two people to read a little script while the rest of us try to locate positive behavior and think about how we would give some strokes for that behavior.

Who will read the ER physician and who will read Inez, the daughter?

Select volunteers, pass out the scripts of *THE DOCTOR AND INEZ*. The text follows shortly. And have them read the parts.

The Doctor and Inez

PHYSICIAN: The tests are back, and everything shows you are OK. Medically there are no problems from the pills. How are you feeling?

INEZ: Lousy.

PHYSICIAN: How are you feeling emotionally?

INEZ: Shitty.

PHYSICIAN: Still depressed?

INEZ: More mad at myself than depressed.

PHYSICIAN: How so?

INEZ: What a dumb thing to do. I feel terrible about what I did to my parents. I really hurt them. I know it.

PHYSICIAN: It can be fixed.

INEZ: I can't keep trying to kill myself when I have a problem. There's got to be a better way.

PHYSICIAN: That's something you can work on in treatment.

INEZ: I don't see how I can face my parents. Maybe it will be easier in therapy because there will be somebody there like Miss Cruz to get between us.

THE END

¶ So what can you see that could be rewarded in this conversation with Inez?

Encourage discussion about remorse, recognition that there is a better way, some interest in therapy, wanting to protect the family.

¶ Those are good examples.

¶ Now what could you say to Inez?

Encourage sharing of ideas about communicating praise to Inez.

"I like the fact that you don't want to put yourself through this again."

"It's good that you want to find a better way to solve problems."

"It takes a brave person to admit that they made a mistake."

"It sounds like you have the determination and strength to fix things."

"I like the way you care for your parents."

"I like the way you see some value in trying therapy."

¶ Thank you for sharing some good ideas about communicating appreciation to Inez.

¶ Did you feel discomfort in showing appreciation to either the parents - the Sanchezes - or to Inez?

Discuss and try to find out what makes it easier for the physicians to give strokes.

Exercise 5: Encouraging follow-up

¶ Finally we need your help in identifying what is the best way to tell a family how important going to family therapy can be.

I am going to pass out some blank cards.

Please take a few minutes and write out what you would say to a family about going to therapy.

You have just given medical clearance for them to leave.

What parting words would you use to get them to return for therapy?

¶ Don't put your names on the cards, and please write legibly.

Allow three minutes to write responses. Collect the cards. Shuffle them and select four.

¶ I am going to pass these four cards out for some of you to read aloud.

¶ I need four volunteers.

Select volunteers and pass out the four cards.

|| After they have been read, please tell us what you liked about the suggestion for encouraging follow-through with therapy and what you would say differently.

**Read one card at a time and discuss. Then move on to the next card and discuss.
Continue until all four cards have been discussed.**

|| Thank you for your suggestions on obtaining follow-through.

|| Our time is about up

|| Working with you on this problem has been very helpful, and we expect to make improvements in our treatment adherence rates.

|| Again, our project is deeply indebted to you for your assistance.

THE END

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

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Mrs. Gomez and the Doctor

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PHYSICIAN: Yes, it's very busy tonight.

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PHYSICIAN: You stay here. As soon as I get a chance, I am going to examine her.

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PHYSICIAN: No, the curtain closes tightly.

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(KEEP GOING ON YOUR OWN)

PHYSICIAN: (KEEP GOING ON YOUR OWN)

Mr. Acosta and the Doctor

MR. ACOSTA: Hey, doctor! I want to talk to you.

PHYSICIAN: Yes.

MR. ACOSTA: See that guard sitting over there where my daughter is? By that curtain?

PHYSICIAN: Yes.

MR. ACOSTA: I heard him say, "How could a mother let her daughter do a thing like that?" We're good parents. We got five kids. We give her everything we can. I work two jobs, weekends, long days. My wife's got five kids, and she takes good care of them.

PHYSICIAN: The guard said that?

MR. ACOSTA: He sure did. We never had big problems before. We try real hard. She's our oldest daughter. This is not a good neighborhood. Drugs. People killing each other. Wild kids. But we work very, very hard. What are we supposed to do? (KEEP GOING ON YOUR OWN)

PHYSICIAN: (KEEP GOING ON YOUR OWN)

The Doctor and Mrs. Guarnizo

PHYSICIAN: My name is Dr. Stein, and I will be examining your daughter, Maria, to see what her condition is.

MRS. GUARNIZO: No hablo mucho english.

PHYSICIAN: Oh! Mi nombre es Dr. Stein. Yo no hablo espanol. ?Puedo usted ayudarme? Por favor, habla un pocito inglés.

MRS. GUARNIZO: Hokay. I try.

PHYSICIAN: Where are you from?

MRS. GUARNIZO: Yo, Dominican.

PHYSICIAN: Have you been here long?

MRS. GUARNIZO: Dos mes.

PHYSICIAN: How's that?

MRS. GUARNIZO: Two months.

PHYSICIAN: I went to Puerto Plata for a week several years ago.

MRS. GUARNIZO: Like it?

PHYSICIAN: Very much.

MRS. GUARNIZO: Never go there.

PHYSICIAN: Well..... (LONG PAUSE) How do you feel being here in the Emergency Room with your daughter?

MRS. GUARNIZO: I worry. For her - for me.

PHYSICIAN: (KEEP GOING ON YOUR OWN)

MRS. GUARNIZO: (KEEP GOING ON YOUR OWN)

The Doctor and Maria

DOCTOR: Maria, as I understand it, you took some pills.

MARIA: (SILENCE)

DOCTOR: Is that right, Maria?

MARIA: I guess.

DOCTOR: You don't know?

MARIA: I took them.

DOCTOR: What kind were they?

MARIA: Aspirin.

DOCTOR: How many?

MARIA: Twelve.

DOCTOR: All at once?

MARIA: Yes.

DOCTOR: What led up to it?

MARIA: It's none of your business.

DOCTOR: I need to know.

MARIA: Ask him.

DOCTOR: Who?

MARIA: He hit me.

DOCTOR: Who hit you?

MARIA: My father.

DOCTOR: How come?

MARIA: Ask him.

DOCTOR: What do you think?

MARIA: He hates me.

DOCTOR: Why do you say that?

MARIA: All I wanted to do was to go out with my boy friend. He says "no." Doesn't give me a reason. I sneak out. He catches me, hits me, locks me in. So I take the pills. Maybe next time he'll know I'm serious.

*Training Program for E.R. Pediatric Physicians:
Treatment Adherence in Adolescent Suicide*

DOCTOR: About killing yourself?

MARIA: About going out with Rolando.

DOCTOR: (KEEP IT GOING ON YOUR OWN)

MARIA: (KEEP IT GOING ON YOUR OWN)

A FAMILY IN THE EMERGENCY ROOM

Mr. and Mrs. Sanchez have come to the ER with their daughter, Inez, who has attempted suicide. They sit quietly going over the material on adolescent suicide and what happens in the ER. This package has been provided to them at the admitting desk. They appear to be reading the material and discussing it. Mr. Sanchez puts his arm around Mrs. Sanchez and comforts her.

When called, Mrs. Sanchez goes into the room where their daughter is. She whispers to her daughter, gives her back a quick rub and sits next to her. She holds her daughter's hand.

Both parents are interviewed. They answer all the questions and provide whatever additional information that they think will be helpful. They express an interest in trying to find out what this problem in their life is all about. They do not make any blaming statements regarding their daughter.

The therapy regime is explained to them. They don't look happy about the disruption that attending therapy will bring to their busy lives, but they indicate that they will do whatever is best for their daughter. They ask questions about what is entailed. They want to know if going to therapy means that their family is crazy. Mr. and Mrs. Sanchez indicate that they are quite upset over this incident. They ask if it means they have failed their daughter. Mr. Sanchez wants to see where the therapy sessions are held.

What positive behaviors have been demonstrated by Mr. and Mrs. Sanchez?

The Doctor and Inez

PHYSICIAN: The tests are back, and everything shows you are OK. Medically there are no problems from the pills. How are you feeling?

INEZ: Lousy.

PHYSICIAN: How are you feeling emotionally?

INEZ: Shitty.

PHYSICIAN: Still depressed?

INEZ: More mad at myself than depressed.

PHYSICIAN: How so?

INEZ: What a dumb thing to do. I feel terrible about what I did to my parents. I really hurt them. I know it.

PHYSICIAN: It can be fixed.

INEZ: I can't keep trying to kill myself when I have a problem. There's got to be a better way.

PHYSICIAN: That's something you can work on in treatment.

INEZ: I don't see how I can face my parents. Maybe it will be easier in therapy because there will be somebody there like Miss Cruz to get between us.

THE END

Training Program for E.R. Psychiatric Residents: Treatment Adherence in Adolescent Suicides

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO FOLLOW-UP TREATMENT RECOMMENDATIONS.

SECONDARY GOALS ARE TO...

- 1. Increase the rapport between emergency room psychiatrists and families, overcome barriers created by language, custom, and dealing with strangers.**
- 2. Support the family rather than blame it.**
- 3. Increase the family's comfort, by coping with their confusion and lack of knowledge.**
- 4. Increase being treated with respect.**
- 5. Increase a sense of privacy.**
- 6. Provide some positive reinforcement to the family and attempter.**
- 7. Make treatment adherence an explicit goal of all emergency room staff.**

SPECIFIC OBJECTIVES ARE THAT PSYCHIATRIC RESIDENTS IN THE EMERGENCY ROOM WILL:

- 1. Orient families to what will happen during the daughter's stay in the Emergency Room.**
- 2. Know the attempters path through the Emergency Room.**
- 3. Respond by beginning contact with the child and family within two hours of being notified of their arrival in the Emergency Room.**
- 4. Communicate an awareness of cultural differences to the family.**
- 5. Reinforce the importance of returning to the six treatment sessions.**
- 6. Know the approach taken by the treatment regime to adolescent suicide.**

7. Orient the daughter to what will happen during her stay in the Emergency Room.
8. Respond to the daughter's a) need for privacy, b) not wanting to be blamed for the suicide, c) fears of what will happen to her, and d) discomfort over disclosing very personal matters to a stranger.
9. Show appreciation to the daughter for any positive behavior that is displayed.

MATERIALS:

Handout: Barriers to Treatment Adherence: A Family Perspective

Handout: What Happens to an Adolescent Suicide in the E. R.

Scripts: The Doctor and Mrs. Fernandez

Mr. Acosta and the Doctor

The Doctor and Mrs. Guarnizo

The Resident and Inez

The Resident and the Family

At the End

Handout: SNAP - Successful Negotiation/Acting Positively

Practice Cards - Girl's Needs

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____, and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many adolescent suicide attempts you have dealt with here in the Emergency Room (ER).

Have each person say who they are and how many adolescent suicide attempters they have examined.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER, the girls and their families are to be involved in a short-term treatment program.

Eleven percent don't make it to the intake interview¹.

Others attend the intake interview but don't show for the first therapy session, and another group fails to complete treatment.

(Note¹: The above figures are based on our ER experience. If local statistics are available and more accurately describe compliance patterns, they should be substituted.)

Non-adherence is a substantial problem.

We need your help in trying to fix that situation.

Also the more families who complete treatment, the fewer times you will need to treat them again in the emergency room.

In a minute I'll tell you about what we have learned through talking with the families and the steps we are taking to change how families relate to the hospital.

First, however, I'd like to know what kind of gut-level reactions you have had to working with these girls and their families in the emergency room.

For example, after having finished with a case how do you end up feeling?

If you haven't been involved with an adolescent suicide in the E. R., what has your gut-level feeling been in working with adolescents in general?

Encourage sharing of feelings and express appreciation for self-disclosure by the psychiatric residents.

Thanks. That's very helpful.

Your feelings when working with them are important in devising strategies for increasing compliance.

We wanted to figure out why families were not coming to treatment.

Let's take a look at the views held by the families.

A number of focus groups were held with families to see from their perspective what might be the barriers to involvement in the follow-up psychiatric treatment program.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

ANXIETY: Due to the distance created by language and custom differences.

EMBARRASSMENT: Due to discussing such personal matters with strangers.

- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
-

NOTE: *The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.*

To deal with these barriers and improve our adherence rate we are instituting a number of new procedures in the ER process.

First, we are meeting with all ER staff groups who have contact with adolescent suicide attempters and their families.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her room in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are employing a bilingual family therapist who will be on duty 24 hours a day.

We want to work together on some specific ways that might encourage these families to participate in treatment.

While our emphasis is on treatment adherence, we recognize that while these girls are in the emergency room's care your professional responsibility includes more than the family's attendance at future treatment.

Exercise 2: Understanding How the ER Process Works

Before going further, it may be useful to examine how the Emergency Room processes an adolescent who has attempted suicide.

Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 3: Role Playing Difficult Situations

I would like to start by asking for your ideas on how to handle some difficult situations.

If I could have two volunteers to play the roles in this script.

Obtain volunteers. Give out scripts of "THE DOCTOR AND MRS. FERNANDEZ." The facilitator's text of the script appears on the below.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

The written dialogue will stop abruptly.

At that point make up your own dialogue as you go along.

The rest of us will observe and give feedback.

Each group member will be assigned a different task.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the doctor is feeling.

You watch for what the mother is feeling.

You watch for what the doctor is probably thinking, and you do the same for the mother.

You observe the doctor's actions, and you the mother's actions.

Let's get started.

The Doctor and Mrs. Fernandez

RESIDENT: Hello. I'm Dr. Black. Are you Ramona's mother?

MRS. FERNANDEZ: Yes. I am. So what's going on here?

RESIDENT: What do you mean?

MRS. FERNANDEZ: I don't know what's happening. We come in. Ramona is taken away. We sit here for hours. This other doctor looks at her. We don't hear

anything. I don't get it. What am I supposed to be doing? She's OK, isn't she? When can she come home? Is there something more that comes next?

RESIDENT: Hold on a second. I know you have lots of questions.

MRS. FERNANDEZ: So tell me something. What's going on?

RESIDENT: Here's the way it works.

MRS. FERNANDEZ: Please tell me. I got to know something.

RESIDENT: (KEEP GOING ON YOUR OWN.)

MRS. FERNANDEZ: (MAKE UP THE REST OF THE DIALOGUE AS YOU GO ALONG.)

THE END

After a few minutes of spontaneous interaction, stop the role play and thank the players.

|| Now, Dr. Black and Mrs. Fernandez, tell us how you felt during the exchange.

|| Also what did you do that you liked and what would you have changed?

Obtain responses. Make sure participants describe how they felt not how they thought. Look for Mrs. Fernandez feelings of confusion, anxiety, and disorientation.

|| Let's hear from the observers.

|| What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on orienting Mrs. Fernandez and reducing her confusion and anxiety.

|| That was very helpful.

|| Now who will play Mr. Acosta and who will play the resident?

Select the volunteers and give out the scripts of "MR. ACOSTA AND THE DOCTOR." Also assign roles to the observers. Use the same instructions as before. A copy of the script is on the next page.

|| The scripts are just going to get you started, and then you are to continue with the roles on your own.

|| The rest of us will observe and give feedback.

|| Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

|| You watch for what the resident is feeling.

|| You watch for what the father is feeling.

You watch for what the resident is probably thinking, and you do the same for the father.

You observe the resident's actions, and you the father's actions.

Let's get started.

Mr. Acosta and the Doctor

RESIDENT: I'm Dr. Bergman. I want to

MR. ACOSTA: Wait a minute, Doctor. Just wait a minute. I got to ask you.

RESIDENT: What?

MR. ACOSTA: We got here at nine o'clock this evening. It's now two-thirty in the morning. We been sitting out here all this time, and my daughter, Irene, has just been lying in there. This is serious. She tried to kill herself. This is an emergency. How come we got to wait so long?

RESIDENT: The Emergency Room is a busy place. We have lots of patients with very serious emergencies here.

MR. ACOSTA: You mean that my daughter's trying to kill herself isn't a serious emergency?

RESIDENT: No, I didn't mean that at all.

MR. ACOSTA: So how come you couldn't get here a long time ago?

RESIDENT: (MAKE UP THE REST OF THE DIALOGUE. KEEP GOING ON YOUR OWN.)

MR. ACOSTA: (MAKE UP THE REST OF THE DIALOGUE. KEEP GOING ON YOUR OWN.)

THE END

After a few minutes of spontaneous interaction, stop the role play and thank the players.

Now, Dr. Bergman and Mr. Acosta, tell us how you felt during the exchange.

Also what did you do that you liked and what would you have changed?

Obtain responses. Focus on the problem of taking hours before the resident arrives and what can be done about that. Explore the impact on the family and treatment adherence.

Let's hear from the observers.

What did you observe, what did you like, and how would you have done it?

Discuss, trying to see what the main points are about how to handle this situation. Focus on both the reality of the problem and the feelings generated in both the family and the resident. Problem solve the issue of families waiting a long time, if possible.

That was very helpful.

Now who will play Mrs. Guarnizo and who will play the resident?

Select the volunteers and give out the scripts of "THE DOCTOR AND MRS. GUARNIZO." Also assign roles to the observers. Use the same instructions as before. The script is below.

The scripts are just going to get you started, and then you are to continue with the roles on your own.

The rest of us will observe and give feedback.

Each person will pay attention to a particular facet of what is happening.

Assign observational tasks to each person.

You watch for what the resident is feeling.

You watch for what the mother is feeling.

You watch for what the resident is probably thinking, and you do the same for the mother.

You observe the resident's actions, and you the mother's actions.

Let's get started.

The Doctor and Mrs. Guarnizo

RESIDENT: I'm Dr. Franco. The other doctor examined your daughter, Maria, for her medical condition. I'm going to check out her mental status.

MRS. GUARNIZO: Perdoneme, Doctor. Perdoneme.

RESIDENT: What?

MRS. GUARNIZO: No hablo mucho inglés.

RESIDENT: You don't speak English?

MRS. GUARNIZO: No hablo mucho inglés.

RESIDENT: Do you understand me when I speak English?

MRS. GUARNIZO: ? Puede usted hablar mas despacho?

RESIDENT: Despacho. Despacho. Oh, I get it. Speak slowly. If I speak slowly, you can understand some English.

MRS. GUARNIZO: Si. Gracias.

RESIDENT: (KEEP THE DIALOGUE GOING ON YOUR OWN.)

MRS. GUARNIZO: (MAKE UP THE REST OF THE DIALOGUE AS YOU GO. SPEAK VERY ELEMENTARY ENGLISH, IF YOU HAVE TO. SPEAK VERY SLOWLY.)

THE END

After a few minutes of spontaneous interaction, stop the role play and thank the players.

Now, Dr. Franco and Mrs. Guarnizo, tell us how you felt during the exchange.

Also what did you do that you liked and what would you have changed?

Obtain responses. Focus on the language and cultural differences and what an individual resident can do at that moment to validate those differences and make Mrs. Guarnizo feel all right about them.

Let's hear from the observers.

What did you observe, what did you like, and how would you have done it?

Discuss, trying to deal with language and cultural differences. Does the resident ignore them or recognize them, acknowledge them and try to deal with them? How do they feel toward Spanish speaking patients?

That was very helpful.

Exercise 4: Understanding the Treatment

As we said earlier, the whole purpose of our meeting is to increase treatment adherence.

To begin with we want to make sure that you are clear on the recommended treatment.

Then we want you to help us figure out how to explain this to a family in the ER so that they will want to come back and complete the six sessions.

Here is a fact sheet on the treatment program.

Pass out the fact sheet and go over it.

SNAP

SUCCESSFUL NEGOTIATION/ACTING POSITIVELY

IS

BRIEF Six sessions

SPECIFIC Designed for adolescent suicide attempters and their families

ACTIVE Emphasizing learning skills through modelling, role playing, reinforcement, and videotaping

ASSUMES

Ineffective family problem solving to be an important factor in adolescent suicide attempters.

Practicing alternative ways to solve conflicts, reward self, and label suicide as ineffective, to be the methods of choice.

GOALS

1. Decrease suicide as a means of solving problems.
2. Increase conflict resolution and negotiation skills for handling family fights.
3. Increase early returning for assistance when crises occur.

OBJECTIVES

1. Make explicit the links between thoughts (cognitions), emotions (affect) and actions (behaviors).
 2. Dispute irrational beliefs.
 3. Promote negotiation between family members.
 4. Improve problem-solving skills.
 5. Increase self-esteem and self-efficacy.
 6. Transfer learning from treatment to everyday family life.
-
-

⌋ Are there questions or comments?

Answer questions.

⌋ Now let's take a situation in the Emergency Room and see what we can do about explaining the treatment to a family.

⌋ I need someone to play the resident, the mother, the father, and the daughter.

Select volunteers

⌋ The resident's goal is to explain what treatment is all about.

⌋ So what is your goal?

Have the resident indicate what his/her goal is.

|| The mother's goal is to find out if she will have to reveal all the family's secrets.

|| So what is the mother's goal?

Have the mother explain what her goal is.

|| The father's goal is to find out if he will have to talk about his relationship with his wife.

|| What is the father's goal?

Have the father explain what his goal is.

|| The daughter's goal is to find out if she will have to reveal her sex life with her boy friend.

|| What is the daughter's goal?

Have the daughter explain what her goal is.

|| The rest of us will observe what transpires.

|| A script with a few lines will get us started, and then make up the rest of the dialogue.

Pass out the script called "THE RESIDENT AND THE FAMILY."

The Resident and the Family

MOTHER: Doctor, I don't get why we have to come back.

RESIDENT: Well, let me tell you about...

FATHER: What is coming back going to do for us?

RESIDENT: We have a six session treatment program for families where the daughter has attempted suicide.

GIRL: I don't want to come back.

MOTHER: Be quiet! Let the doctor talk.

RESIDENT: Thank you.

FATHER: I still want to know what it is supposed to do.

RESIDENT: In just a minute I'll answer your question.

MOTHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

RESIDENT: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FATHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

GIRL: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

‖ Go ahead and role play it.

Allow the role play to go on for a few minutes.

‖ Thank you. That was great.

‖ Resident, how did you feel during the role play?

‖ If 100 was total discomfort and 0 complete comfort, where were you in the role play?

Obtain a response.

‖ What did you like about how you handled this situation, and what would you do differently?

Obtain a response.

‖ Will the mother, daughter, and father please tell us how you felt during the role play.

Obtain responses.

‖ What about the observers.

‖ What did you like, and what would you have done differently if you had been the resident?

Obtain responses and discuss how to present the treatment in a simple and understandable manner.

‖ I really appreciate your suggestions.

Exercise 5: Responding to the Needs of the Daughter

‖ Now I want to turn to the needs of the girl who has tried to kill herself and see what your thoughts are about how to respond to her.

‖ Being in the emergency room is so negative an experience that she refuses all attempts at treatment, and I believe that the more we can address her immediate concerns, the more we can take the edge off her being here.

‖ What I would like to do is to give each of you a card with a typical kind of concern that a girl in the ER would have and ask you to state how you would answer her.

‖ Then we can discuss dealing with these concerns.

‖ The dealer will give you a card, and you pass it to the person on your left.

‖ That person on your left will read the girl's comment to you, and you respond.

‖ Who will be the dealer?

Select a dealer and give the dealer the stack of cards. Have the dealer give them out one at a time. Wait until the resident answers before moving on to the next person. Discuss responses after each one. Ask others what they liked and might do differently. Focus on the girl's implied or stated needs as much as on the response.

GIRL'S NEEDS CARDS

CARD 1

"I FEEL LIKE I'M TAKING MY CLOTHES OFF IN YANKEE STADIUM. THERE'S NO PRIVACY HERE. EVERYBODY CAN HEAR MY BUSINESS. THIS MAKES ME VERY NERVOUS."

CARD 2

"I CAN JUST TELL. EVERYONE HERE IS BLAMING ME. ONE OF THE GUARDS TOLD ME IT WAS A REALLY STUPID THING TO DO. LOOK AT HOW MUCH GRIEF YOU GAVE YOUR PARENTS, HE TOLD ME. I CAN'T HELP WHAT I DID."

CARD 3

"I'M TERRIFIED HERE. THIS PLACE IS SO CREEPY. PEOPLE DYING. I'M SO SCARED MY STOMACH HURTS. I WISH MY GIRL FRIEND WERE HERE. GOD, I'M SCARED!"

CARD 4

"YOU KEEP ASKING ME QUESTIONS. I JUST CAN'T TALK ABOUT SUCH PERSONAL THINGS WITH SOMEONE I NEVER MET BEFORE. NOTHING AGAINST YOU, BUT I'M NOT THE KIND OF PERSON WHO PUTS HER BUSINESS OUT ON THE STREET."

CARD 5

"DOCTOR, I AM BORED OUT OF MY GOURD. HOW LONG DO YOU EXPECT ME TO SIT HERE ALL BY MYSELF WITH NOTHING TO DO? IF I WASN'T CRAZY BEFORE, I WILL BE SOON. THIS IS LIKE SOLITARY CONFINEMENT."

CARD 6

"I'M TOTALLY CONFUSED ABOUT WHAT IS HAPPENING HERE. FIRST ONE DOCTOR AND THEN ANOTHER. WHAT'S GOING ON? WHAT ARE YOU GOING TO DO TO ME?"

CARD 7

"I'VE BEEN HERE FOR HOURS. I DON'T EVEN KNOW WHAT DAY IT IS ANYMORE. HOW LONG DO I HAVE TO BE HERE? I FEEL OK. I PROMISE I WON'T TRY TO KILL MYSELF AGAIN. SO WHEN CAN I LEAVE?"

CARD 8

"WHAT'S GOING TO HAPPEN WHEN I LEAVE HERE? I BET MY DAD IS SO PISSED. HE'LL PROBABLY SMACK THE SHIT OUT OF ME. DO THEY ARREST YOU WHEN YOU TRY TO KILL YOURSELF? AM I GOING TO BE IN BIG TROUBLE WHEN I WALK OUT THAT DOOR?"

CARD 9

"YOU'RE A PSYCHIATRIST? RIGHT? THAT MEANS YOU THINK I'M CRAZY. LIKE I'M A LOONEY. YOU THINK I WALK ALONG THE STREET TALKING TO MYSELF. I KNOW I GET UPSET, BUT I'M NOT CRAZY. HOW COME I HAVE TO SEE A PSYCHIATRIST?"

CARD 10

"EVERYBODY IS SO COLD HERE. IT'S LIKE YOU'RE NOT A HUMAN BEING. YOU'RE A PIECE OF SHIT. SCRAPE YOU UP AND GET RID OF YOU."

¶ I really appreciated your ideas on dealing with the girl involved.

Exercise 6: Reinforcing Positive Behavior

I think that most of us would agree that a trip to the Emergency Room is no fun.

Under the best of circumstances being brought to the ER as a patient is frightening.

For these families with a suicide attempt on their hands the experience is a traumatic one that can lead them to running as far away from the hospital and its services as possible.

We have found that reinforcing positive behavior in this situation can make a difference.

Catching families doing something good increases self-esteem and provides some bright moments during their stay here.

It may sound hard to find something positive during a suicide evaluation.

It is much easier to give someone strokes at a party.

At a party you could say things like:

"I like your earrings."

"You have a great smile."

"I'm impressed with your analysis of that situation."

"Thanks for the birthday card."

"You played a great game of tennis this afternoon."

"I really appreciate your giving my friend a ride."

"Wow! Do you have great taste in clothes!"

Here is a brief conversation between a resident and Inez.

The question is where and how might you give strokes to Inez in this conversation.

Where could you slip them in?

Who will read the resident and who will read Inez?

Select players and give them the script.

The Resident and Inez

RESIDENT: How are you feeling?

INEZ: I guess I feel a little better in one way, but I feel terrible in another.

RESIDENT: How's that?

INEZ: It was a dumb thing to do. So I'm relieved that it's over, but I'm so sorry about what I put my mother through.

RESIDENT: You could agree to not trying suicide for a couple of days.

INEZ: Are you kidding? I'm never trying that again.

RESIDENT: But what if you got real angry?

INEZ: I don't know.

RESIDENT: What could you do to help cool down?

INEZ: I guess I could go to my grandmother's house and talk to her. She listens pretty good.

RESIDENT: Anything else.

INEZ: Ask my girl friend, Jenny, to come over real fast.

RESIDENT: So you can think of some things to do that would keep you out of a risky situation?

INEZ: Yeah. (PAUSE) I wish I had my purse so I could put some make-up on. I feel naked without my make-up.

RESIDENT: Make-up makes you feel better.

INEZ: Sure does.

THE END

Thank you very much for reading that scene.

OK. Where were you able to catch Inez doing something good and how would you have given her some strokes?

Obtain answers and discuss. Point out that small compliments can go a long way. Opportunities occurred over feeling better, remorse, labelling the attempt "dumb," commitment not to do it again, coping strategies, and make-up.

Exercise 7: Encouraging Return to Treatment

Last I would appreciate your ideas on how to encourage a family to return for treatment.

If part of our task is to persuade the family to make a commitment to begin therapy, how would you go about doing that?

Let's use a role play to elicit some suggestions.

Who will play the resident and who will be the mother, father, and daughter?

Select players.

In this role play the resident's goal is to encourage the family to return.

So, what is the resident's goal?

Obtain a response from the resident.

The mother's goal is to make sure that going to therapy doesn't mean she is admitting to being a bad mother.

What is the mother's goal?

Obtain a response from the person playing the mother.

The father's goal is to have the daughter "fixed" so that she will be a good kid and obey in the future.

The father's goal is what?

Obtain a response from the father.

And the daughter's goal is to forget the whole thing.

The daughter doesn't want to have to deal with the after-effects of the suicide attempt.

She wants to continue on as if nothing happened.

The daughter's goal is to do what?

Obtain a response from the daughter.

The rest of us will observe.

Assign observational roles to everyone else.

You watch the resident; you the mother; you the father; and you the daughter.

What are they feeling?

How do they act?

Let's say the family is getting ready to leave.

To get us started I am going to give you a script with a few lines in it, and you make up the rest as you go along.

Pass out the script called "AT THE END."

At the End

DOCTOR: I hope to see you coming back for treatment.

GIRL: Everything is fine now. There's no reason to come back here again.

MOTHER: We don't come here. We go to some clinic.

FATHER: It's not something I want to talk about.

DOCTOR: I really think it would help you.

GIRL: It's over. We don't need help.

MOTHER: Maybe our daughter should come back, but why us?

FATHER: What good does talking do?

DOCTOR: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

Begin the role playing.

Allow the role play to go on for a few minutes.

Thank you.

Why don't we focus on the resident first.

If 100 is totally uncomfortable and 0 is completely comfortable, how comfortable were you during the role play?

Obtain a response.

What did you like about they way you dealt with the family and what would you try and do differently?

Obtain a response.

Now, let's hear some feedback.

Those of you who were observing, what did you observe, what did you like and what would you have done differently?

Obtain responses and discuss. Be prepared to summarize what was suggested.

So the main points are..... (SUMMARIZE THE MAIN SUGGESTIONS).

We really appreciate those ideas.

Working with you on how to improve treatment adherence has been very helpful to us, and I hope that it has provided you with some new ideas as well.

In closing I wonder if you have any ideas about how to prepare new residents for dealing with these issues.

Discuss.

Thanks again for your assistance.

We on the project hope that by meeting with all the ER staff we can improve treatment adherence.

THE END

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
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WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing suicide attempters. If the procedures at your hospital are different than these, draft your own procedures.)

The Doctor and Mrs. Fernandez

RESIDENT: Hello. I'm Dr. Black. Are you Ramona's mother?

MRS. FERNANDEZ: Yes. I am. So what's going on here?

RESIDENT: What do you mean?

MRS. FERNANDEZ: I don't know what's happening. We come in. Ramona is taken away. We sit here for hours. This other doctor looks at her. We don't hear anything. I don't get it. What am I supposed to be doing? She's OK, isn't she? When can she come home? Is there something more that comes next?

RESIDENT: Hold on a second. I know you have lots of questions.

MRS. FERNANDEZ: So tell me something. What's going on?

RESIDENT: Here's the way it works.

MRS. FERNANDEZ: Please tell me. I got to know something.

RESIDENT: (KEEP GOING ON YOUR OWN.)

MRS. FERNANDEZ: (MAKE UP THE REST OF THE DIALOGUE AS YOU GO ALONG.)

THE END

Mr. Acosta and the Doctor

RESIDENT: I'm Dr. Bergman. I want to

MR. ACOSTA: Wait a minute, Doctor. Just wait a minute. I got to ask you.

RESIDENT: What?

MR. ACOSTA: We got here at nine o'clock this evening. It's now two-thirty in the morning. We been sitting out here all this time, and my daughter, Irene, has just been lying in there. This is serious. She tried to kill herself. This is an emergency. How come we got to wait so long?

RESIDENT: The Emergency Room is a busy place. We have lots of patients with very serious emergencies here.

MR. ACOSTA: You mean that my daughter's trying to kill herself isn't a serious emergency?

RESIDENT: No, I didn't mean that at all.

MR. ACOSTA: So how come you couldn't get here a long time ago?

RESIDENT: (MAKE UP THE REST OF THE DIALOGUE. KEEP GOING ON YOUR OWN.)

MR. ACOSTA: (MAKE UP THE REST OF THE DIALOGUE. KEEP GOING ON YOUR OWN.)

THE END

The Doctor and Mrs. Guarnizo

RESIDENT: I'm Dr. Franco. The other doctor examined your daughter for her medical condition. I'm going to check out her mental status.

MRS. GUARNIZO: Perdoneme, Doctor. Perdoneme.

RESIDENT: What?

MRS. GUARNIZO: No hablo mucho inglés.

RESIDENT: You don't speak English?

MRS. GUARNIZO: No hablo mucho inglés.

RESIDENT: Do you understand me when I speak English?

MRS. GUARNIZO: ? Puede usted hablar mas despacho?

RESIDENT: Despacho. Despacho. Oh, I get it. Speak slowly. If I speak slowly, you can understand some English.

MRS. GUARNIZO: Si. Gracias.

RESIDENT: (KEEP THE DIALOGUE GOING ON YOUR OWN.)

MRS. GUARNIZO: (MAKE UP THE REST OF THE DIALOGUE AS YOU GO. SPEAK VERY ELEMENTARY ENGLISH, IF YOU HAVE TO. SPEAK VERY SLOWLY.)

THE END

SNAP

SUCCESSFUL NEGOTIATION/ACTING POSITELY

IS

- BRIEF** Six sessions
- SPECIFIC** Designed for adolescent suicide attempters and their families
- ACTIVE** Emphasizing learning skills through modelling, role playing, reinforcement, and videotaping

ASSUMES

Ineffective family problem solving to be an important factor in adolescent suicide attempts.

Practicing alternative ways to solve conflicts, reward self, and label suicide as ineffective, to be the methods of choice.

GOALS

1. Decrease suicide as a means of solving problems.
2. Increase conflict resolution and negotiation skills for handling family fights.
3. Increase early returning for assistance when crises occur.

OBJECTIVES

1. Make explicit the links between thoughts (cognitions), emotions (affect) and actions (behaviors).
 2. Dispute irrational beliefs.
 3. Promote negotiation between family members.
 4. Improve problem-solving skills.
 5. Increase self-esteem and self-efficacy.
 6. Transfer learning from treatment to everyday family life.
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The Resident and the Family

MOTHER: Doctor, I don't get why we have to come back.

DOCTOR: Well, let me tell you about...

FATHER: What is coming back going to do for us?

DOCTOR: We have a six session treatment program for families where the daughter has attempted suicide.

GIRL: I don't want to come back.

MOTHER: Be quiet! Let the doctor talk.

DOCTOR: Thank you.

FATHER: I still want to know what it is supposed to do.

DOCTOR: In just a minute I'll answer your question.

MOTHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

DOCTOR: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FATHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

GIRL: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

CARD 1

**"I FEEL LIKE I'M TAKING MY
CLOTHES OFF IN YANKEE STADIUM.
THERE'S NO PRIVACY HERE.
EVERYBODY CAN HEAR MY
BUSINESS. THIS MAKES ME VERY
NERVOUS."**

PSYCHIATRIC RESIDENTS

CARD 2

**"I CAN JUST TELL. EVERYONE HERE
IS BLAMING ME. ONE OF THE
GUARDS TOLD ME IT WAS A REALLY
STUPID THING TO DO. LOOK AT HOW
MUCH GRIEF YOU GAVE YOUR
PARENTS, HE TOLD ME. I CAN'T HELP
WHAT I DID."**

PSYCHIATRIC RESIDENTS

CARD 3

**"I'M TERRIFIED HERE. THIS PLACE IS
SO CREEPY. PEOPLE DYING. I'M SO
SCARED MY STOMACH HURTS. I
WISH MY GIRL FRIEND WERE HERE.
GOD, I'M SCARED!"**

PSYCHIATRIC RESIDENTS

CARD 4

**"YOU KEEP ASKING ME QUESTIONS. I
JUST CAN'T TALK ABOUT SUCH
PERSONAL THINGS WITH SOMEONE I
NEVER MET BEFORE. NOTHING
AGAINST YOU, BUT I'M NOT THE KIND
OF PERSON WHO PUTS HER
BUSINESS OUT ON THE STREET."**

PSYCHIATRIC RESIDENTS

CARD 5

"DOCTOR, I AM BORED OUT OF MY GOURD. HOW LONG DO YOU EXPECT ME TO SIT HERE ALL BY MYSELF WITH NOTHING TO DO? IF I WASN'T CRAZY BEFORE, I WILL BE SOON. THIS IS LIKE SOLITARY CONFINEMENT."

PSYCHIATRIC RESIDENTS

CARD 6

"I'M TOTALLY CONFUSED ABOUT WHAT IS HAPPENING HERE. FIRST ONE DOCTOR AND THEN ANOTHER. WHAT'S GOING ON? WHAT ARE YOU GOING TO DO TO ME?"

PSYCHIATRIC RESIDENTS

CARD 7

**"I'VE BEEN HERE FOR HOURS. I
DON'T EVEN KNOW WHAT DAY IT IS
ANYMORE. HOW LONG DO I HAVE TO
BE HERE? I FEEL OK. I PROMISE I
WON'T TRY TO KILL MYSELF AGAIN.
SO WHEN CAN I LEAVE?"**

PSYCHIATRIC RESIDENTS

CARD 8

**"WHAT'S GOING TO HAPPEN WHEN I
LEAVE HERE? I BET MY DAD IS SO
PISSED. HE'LL PROBABLY SMACK
THE SHIT OUT OF ME. DO THEY
ARREST YOU WHEN YOU TRY TO KILL
YOURSELF? AM I GOING TO BE IN
BIG TROUBLE WHEN I WALK OUT
THAT DOOR?"**

PSYCHIATRIC RESIDENTS

**"YOU'RE A PSYCHIATRIST? RIGHT?
THAT MEANS YOU THINK I'M CRAZY.
LIKE I'M A LOONEY. YOU THINK I
WALK ALONG THE STREET TALKING
TO MYSELF. I KNOW I GET UPSET,
BUT I'M NOT CRAZY. HOW COME I
HAVE TO SEE A PSYCHIATRIST?"**

PSYCHIATRIC RESIDENTS

**"EVERYBODY IS SO COLD HERE. IT'S
LIKE YOU'RE NOT A HUMAN BEING.
YOU'RE A PIECE OF SHIT. SCRAPE
YOU UP AND GET RID OF YOU."**

PSYCHIATRIC RESIDENTS

The Resident and Inez

RESIDENT: How are you feeling?

INEZ: I guess I feel a little better in one way, but I feel terrible in another.

RESIDENT: How's that?

INEZ: It was a dumb thing to do. So I'm relieved that it's over, but I'm so sorry about what I put my mother through.

RESIDENT: You could agree to not trying suicide for a couple of days.

INEZ: Are you kidding? I'm never trying that again.

RESIDENT: But what if you got real angry?

INEZ: I don't know.

RESIDENT: What could you do to help cool down?

INEZ: I guess I could go to my grandmother's house and talk to her. She listens pretty good.

RESIDENT: Anything else.

INEZ: Ask my girl friend, Jenny, to come over real fast.

RESIDENT: So you can think of some things to do that would keep you out of a risky situation?

INEZ: Yeah. (PAUSE) I wish I had my purse so I could put some make-up on. I feel naked without my make-up.

RESIDENT: Make-up makes you feel better.

INEZ: Sure does.

THE END

At the End

DOCTOR: I hope to see you coming back for treatment.

GIRL: Everything is fine now. There's no reason to come back here again.

MOTHER: We don't come here. We go to some clinic.

FATHER: It's not something I want to talk about.

DOCTOR: I really think it would help you.

GIRL: It's over. We don't need help.

MOTHER: Maybe our daughter should come back, but why us?

FATHER: What good does talking do?

DOCTOR: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

Training Program For E.R. Child Psychiatry Fellows Treatment Adherence in Adolescent Suicides

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO FOLLOW-UP TREATMENT RECOMMENDATIONS.

SECONDARY GOALS ARE TO...

- 1. Increase the rapport between child fellows covering the emergency room and families, and overcome barriers created by language, custom, and dealing with strangers.**
- 2. Support the family rather than blame it.**
- 3. Increase the family's comfort, by coping with their confusion and lack of knowledge.**
- 4. Increase being treated with respect.**
- 5. Increase a sense of privacy.**
- 6. Provide some positive reinforcement to the family and attempter.**
- 7. Make treatment adherence an explicit goal of all emergency room staff.**

SPECIFIC OBJECTIVES ARE THAT CHILD FELLOWS COVERING THE EMERGENCY ROOM WILL:

- 1. Understand a short-term follow-up intervention for suicide attempters and their families and be able to explain the intervention to a family.**
- 2. Know how the Emergency Room functions in the case of an adolescent suicide including a) the attempters path through the E.R., b) the need for the parents presence at certain times, and c) the role of the new case manager.**
- 3. Recognize the negative feelings that are likely to arise when dealing with adolescent suicide and develop strategies for dealing with them.**
- 4. Show appreciation to the daughter for any positive behavior that is displayed.**
- 5. Encourage families to return for the follow-up treatment.**

MATERIALS:

Handout: Barriers to Treatment Adherence: A Family Perspective
Handout: SNAP - Successful Negotiation/Acting Positively
Handout: What Happens to an Adolescent Suicide in the E.R.
Scripts: Lucinda and the Child Fellow
 The Sanchez and the Child Fellow
 The Fellow and Inez
 The Fellow and the Family
 The Family
 At the End
Practice Cards: Negative Thoughts
Handout: A Family in the Emergency Room

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____, and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many adolescent suicide attempts you have dealt with here in the Emergency Room (ER).

Have each person say who they are and how many adolescent suicide attempters they have examined.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER, the girls and their families are to be involved in a six session treatment program.

Eleven percent don't make it to the intake interview¹.

Others attend the intake interview but don't show for the first therapy session, and another group fails to complete the six sessions.

Non-adherence is a substantial problem.

You will be central in changing that situation.

In a minute I'll tell you about what we have learned through talking with the families and the steps we are taking.

First, however, I'd like to know what kind of gut-level reactions you have had to working with these girls and their families in the emergency room.

(Note¹: The above figures are based on our ER experience. If local statistics are available and more accurately describe compliance patterns, they should be substituted.)

What if the daughter tells you, "I wasn't going to really kill myself. I just want to scare them into letting me stay out later."

Or the mother says, "When I get her home, she's locked in her room for a month."

Maybe the father tells you, "That little bitch will never try this again!"

So, after having finished with a case, how do you end up feeling?

Encourage sharing of feelings and express appreciation for self-disclosure by child fellows.

Thanks. That's very helpful.

Your feelings when working with these families are important in devising strategies for increasing compliance.

We wanted to figure out why families were not coming to treatment.

Let's take a look at the views held by the families.

A number of focus groups were held with families to see from their perspective what might be the barriers to involvement in a short-term follow-up treatment program.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

FEAR: Due to the distance created by language and custom differences.

EMBARRASSMENT: Due to discussing such personal matters with strangers.

CONFUSION: Due to not understanding what was expected in the emergency room, what was happening, and why.

BLAMED: Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.

- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not easily leave work.
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- EXHAUSTION:** Due to the long wait in the emergency room.
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-

NOTE: *The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.*

To deal with these barriers and improve our adherence rate we are instituting a number of new procedures in the ER process.

First, we are meeting with all ER staff groups who have with contact adolescent suicide attempters and their families.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her room in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are employing a bilingual family therapist who will be on duty 24 hours a day.

We want to work together on some specific ways that might encourage these families to participate in treatment.

While our emphasis is on treatment adherence, we recognize that while these girls are in the emergency room's care your professional responsibility includes more than the family's attendance at future treatment.

Exercise 2: Explaining How the Treatment Program Works

As we said earlier, the whole purpose of our meeting is to increase treatment adherence.

To begin with we want to make sure that you are clear on the recommended treatment.

Then we want you to help us figure out how to explain this to a family in the ER so that they will want to come back and complete the six sessions.

Here is a fact sheet on the treatment program.

Pass out the fact sheet and go over it.

SNAP

SUCCESSFUL NEGOTIATION/ACTING POSITIVELY

IS

- BRIEF** Six sessions
- SPECIFIC** Designed for adolescent suicide attempters and their families
- ACTIVE** Emphasizing learning skills through modelling, role playing, reinforcement, and videotaping

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 6. Transfer learning from treatment to everyday family life.
-

‖ Are there questions or comments?

Answer questions.

‖ Now let's take a situation in the Emergency Room and see what we can do about explaining the treatment to a family.

‖ I need someone to play the child fellow, the mother, the father, and the daughter.

Select volunteers

‖ The fellow's goal is to explain what treatment is all about.

‖ So what is your goal?

Have the fellow indicate what his/her goal is.

‖ The mother's goal is to find out if going to treatment means she has failed as a mother.

‖ So what is the mother's goal?

Have the mother explain what her goal is.

‖ The father's goal is to find out if the treatment will fix the kid so she will behave in the future.

‖ What is the father's goal?

Have the father explain what his goal is.

‖ The daughter's goal is to find out if she will have to reveal her sex life with her boy friend.

‖ What is the daughter's goal?

Have the daughter explain what her goal is.

‡ The rest of us will observe what transpires.

‡ Just to get us started I will provide a few lines of script.

‡ The script will tell you to keep going, making up lines on your own.

Pass out the script of "THE FELLOW AND THE FAMILY."

The Fellow and the Family

MOTHER: Doctor, I don't get why we have to come back.

FELLOW: Well, let me tell you about...

FATHER: What is coming back going to do for us?

FELLOW: We have a six session treatment program for families where the daughter has attempted suicide.

GIRL: I don't want to come back.

MOTHER: Be quiet! Let the doctor talk.

FELLOW: Thank you.

FATHER: I still want to know what it is supposed to do.

FELLOW: In just a minute I'll answer your question.

MOTHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FELLOW: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FATHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

GIRL: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

‡ Go ahead and start the role play.

Allow the role play to go on for a few minutes.

‡ Thank you. That was great.

‡ Fellow, how did you feel during the role play?

‡ If 100 was total discomfort and 0 complete comfort, where were you in the role play?

Obtain a response.

‡ What did you like about how you handled this situation, and what would you do differently?

Obtain a response.

‖ Will the mother, daughter, and father please tell us how you felt during the role play.

Obtain responses.

‖ What about the observers.

‖ What did you like, and what would you have done differently if you had been the resident?

Obtain responses and discuss how to present the treatment in a simple and understandable manner.

‖ I really appreciate your suggestions.

Exercise 3: Understanding How the ER Process Works

‖ Before going further, it may be useful to examine how the Emergency Room processes an adolescent who has attempted suicide.

‖ Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures at your hospital are different, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
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- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
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- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures at your hospital are different, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 4: Dealing with Negative Feelings

In the process of evaluating an adolescent suicide attempter and her family we can run into some difficult situations.

Sometimes these situations lead us to feel negatively towards our patients.

Your thoughts on how to deal with that impact would be very useful in improving treatment adherence.

To give us material, I would like to start out with several structured role plays.

The role plays will begin with a script which will then stop providing you with the dialogue and ask you to make up the lines as you go.

I need two volunteers: one to play the child fellow and the other to play Lucinda.

Select volunteers and give out scripts of LUCINDA AND THE CHILD FELLOW. The text is found below on this page.

The rest of you will be observers.

Assign observer roles.

Each group member will have a different task assigned

You pay attention to the fellow's feelings and you to Lucinda's.

You watch what for the fellow's actions and you Lucinda's.

OK, let's get started.

Lucinda and the Child Fellow

FELLOW: I'm puzzled, Lucinda. You told the other doctor in the emergency room that you took a whole bottle of aspirin, but your body didn't react to all those pills as I would have expected it to. How do you explain that?

LUCINDA: I don't know.

FELLOW: Tell me again how many you took.

LUCINDA: I already told the other doctor.

FELLOW: Well, try telling me one more time.

LUCINDA: OK, OK, OK. So I lied. What are you going to do? Turn me over to the cops?

FELLOW: You lied? What do you mean?

LUCINDA: I faked it.

FELLOW: What do you mean you faked it?

LUCINDA: Are you hard of hearing?

FELLOW: No. I just want to understand you.

LUCINDA: I don't want to be analyzed.

FELLOW: So why did you fake it?

LUCINDA: If I scared my mother, maybe she'd get off my back.

FELLOW: How is she on your back?

LUCINDA: She screams and yells when I go out, and when I come back, she wants to know every little thing I did. She doesn't trust me at all. I know what I'm doing.

FELLOW: What does she think you are doing.

LUCINDA: Having sex with every guy who come along. That's what she accuses me of doing.

FELLOW: Are you having sexual relations?

LUCINDA: Here we go again! Will you just leave me alone?

FELLOW: (KEEP GOING ON YOUR OWN. MAKE IT UP.)

LUCINDA: (KEEP GOING ON YOUR OWN. MAKE IT UP.)

Allow the role play to go on for a few minutes and then stop it.

⌋ Thank you very much. That was great.

⌋ Let's start with the child fellow.

⌋ Tell us how you felt during that exchange.

Obtain feelings.

⌋ What way did your feelings effect what you said and did during the interview?

Obtain answer.

⌋ Lucinda, how did you feel during the interview?

Obtain a response.

‖ How did your feelings effect what you did and said?

Obtain a response.

‖ Now let's see what the observers picked up.

‖ First tell us what you observed, and then indicate how you would have felt if you had been either the fellow or Lucinda.

Go around and obtain responses from the observers.

‖ What would you have done to handle your feelings in this situation?

Discuss the feelings generated, how they effected the interview, and what could one do in this situation.

‖ I need three volunteers this time - one to play the child fellow, one the mother, and the third to play the father.

Select volunteers and give them the scripts of THE SANCHEZ AND THE CHILD FELLOW. The text of the script is found on the next page.

‖ The rest of you will observe what is going on.

Assign roles.

‖ You look for what the child fellow is feeling.

‖ You observe the mother's feelings, and you the father's feelings.

If there are more observers, have them watch what the players do and say.

‖ Go ahead and start the script.

The Sanchez and the Child Fellow

FELLOW: So what do you think is the problem here Mrs. Sanchez?

MOTHER: We've done everything for her. What more could we do? She's got no reason to complain.

FATHER: She's just too smart. Thinks she knows everything.

FELLOW: You both see it differently.

MOTHER: We never had problems with her before.

FATHER: I say "No," and she tells me "Yes." I say "Yes," and she won't do it. The kid needs a good spanking.

FELLOW: So if there is a problem, it is with your daughter.

FATHER: So you're trying to blame it on us?

MOTHER: Hector, don't make the doctor mad.

FATHER: I just want to know whose side he's on.

MOTHER: Doctor, I don't know what could have made her do it. Maybe she has got in with the wrong friends at school. I don't know what to think. We have given her everything.

FATHER: Is she grateful? No way! If it weren't for me, she would walk all over my wife. Those people that chained their kid to the radiator were right. They ought to get a medal.

FELLOW: (KEEP IT UP ON YOUR OWN. MAKE UP THE DIALOGUE.)

MOTHER: (KEEP GOING ON YOUR OWN. MAKE UP THE LINES.)

FATHER: (KEEP GOING ON YOUR OWN. MAKE UP THE DIALOGUE.)

Allow the interview to go on for a few minutes and then stop it.

That was a great performance. Thanks a lot.

Let's start with the child fellow.

Tell us how you felt during that exchange.

Obtain feelings.

What way did your feelings effect what you said and did during the interview?

Obtain answer.

Mother, how did you feel during the interview?

Obtain a response.

How did your feelings effect what you did and said?

Obtain a response.

Father, how did you feel during that interview?

Obtain a response.

How did your feelings effect what you did and said?

Now let's see what the observers picked up.

First tell us what you observed, and then indicate how you would have felt if you had been either the fellow, mother or father.

Go around and obtain responses from the observers.

What would you have done to handle your feelings in this situation?

Discuss the feelings generated, how they effected the interview, and what could one do in this situation.

Exercise 5: Identifying with the Family Members

One of the factors that can influence how we deal with the family and attempter is where our loyalties lie.

Do we identify more with the family or with the child?

We need your assistance in getting at this issue.

A quick role play will set the stage.

I need a mother, father, and daughter - Maria.

Select the players.

Mother, drugs are everywhere in your neighborhood.

You are terrified that your daughter - a good girl - may get pressured into using some.

This new boy she is going out with - Frankie - is too old and too fast.

He may be her downfall.

Your goal is to limit her contact with Frankie.

So, mother, what is your goal?

Obtain a response.

Father, you want Maria to be a virgin when she marries.

You know it is a changing world, but she is too young for sex.

No matter how cool this guy Frankie may be, you know his kind.

He is out for one thing - sex.

Your goal is to protect Maria from him.

Father, what is your goal?

Obtain a response.

Maria, you want to go to a dance with Frankie, but it ends at 1 am.

Usually you have to be home by 11 pm.

It is really, really important to you to go to this dance with Frankie, whom you like very very much.

You are not into drugs, and you have not had sex with Frankie.

Your goal is to stay out with Frankie until 2 am.

What is your goal?

Obtain a response.

Maria, see if you can get your parents to let you stay until 2 am.

The rest of us will observe.

A few quick lines of script will get us started.

Hand out the script of "THE FAMILY."

The Family

MARIA: There's this big dance I want to go to.

MOTHER: Who are you going with?

MARIA: Frankie.

FATHER: Oh, not him.

MARIA: The dance ends later than usual. So I want to stay out a little later than eleven.

FATHER: Keep away from Frankie.

MOTHER: How late do you want to stay out?

MARIA: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

Go ahead and start the role play.

Allow the role play to go on for a few minutes.

Now I want you to answer three questions: 1) With whom did you identify - the mother and father or Maria? 2) How would your parents have handled this situation? and 3) How would you as a child fellow have helped this family deal with the situation?

If the group has no more than four people, let the total group process the role play and questions. If the group is larger, divide it into triads. Allow five minutes for small group processing. As this exercise is designed to explore possible counter-transference issues, focus on how identifying with the parents or attempter can bias perceptions.

Now that you have had the opportunity to talk about the questions in small groups, I would appreciate your thoughts on how constructively to deal with identifying with select family members.

Encourage discussion.

Those were very helpful ideas.

Exercise 6: Dealing with Negative Thoughts

Not only how we feel but how we think can influence our interactions with the families of adolescent suicide attempters.

In turn, how we communicate with them bears on treatment adherence.

It would be useful to our project to learn how you would counter thoughts which might be considered judgmental.

Each person will be dealt a card with a statement on it.

Pass the card as instructed.

The person who receives the card will read the statement to you.

Then your task is to explain how you would argue against the statement.

Who will be the dealer?

Select a dealer. Instruct the dealer to give out one card at a time, wait until the person has answered it, and then give out the next one. After the person has countered the statement on the card, encourage others to share what they might have said. Continue until all the cards have been distributed. Look for responses that take the moral tone of "should" out of the statement.

NEGATIVE THOUGHT CARDS

CARD 1

**"ADOLESCENTS SHOULDN'T TRY TO MANIPULATE THEIR PARENTS."
HOW WOULD YOU COUNTER THIS STATEMENT?**

CARD 2

"PARENTS SHOULDN'T TRY TO CONTROL THEIR ADOLESCENT'S BEHAVIOR."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 3

"ADOLESCENTS SHOULD BE ABLE TO WITHSTAND PEER PRESSURE."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 4

"PARENTS SHOULD ACCEPT SOME BLAME IF THEIR ADOLESCENT HAS TRIED TO
COMMIT SUICIDE."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 5

"ADOLESCENTS SHOULD NOT TRY TO IMPRESS THEIR FRIENDS."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 6

"PARENTS WHOSE ADOLESCENT HAS TRIED TO COMMIT SUICIDE SHOULD NOT FEEL
SORRY FOR THEMSELVES."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 7

"ADOLESCENTS SHOULD NOT HAVE SEXUAL INTERCOURSE BEFORE 18 YEARS OF
AGE."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 8

"PARENTS SHOULD NOT TRY TO BRIBE THEIR ADOLESCENTS."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 9

"ADOLESCENTS WHO HAVE ATTEMPTED SUICIDE HAVE PERFORMED AN IMMORAL ACT."
HOW WOULD YOU COUNTER THIS STATEMENT?

CARD 10

"ADOLESCENTS WHO ATTEMPT SUICIDE HAVE INCOMPETENT OR UNCARING PARENTS."
HOW WOULD YOU COUNTER THIS STATEMENT?

Those were very instructive responses.

I appreciate your ideas.

Exercise 7: Reinforcing Positive Behavior

I think that most of us would agree that a trip to the Emergency Room is no fun.

Under the best of circumstances being brought to the E.R. as a patient is frightening.

For these families with a suicide attempt on their hands the experience is a traumatic one that can lead them to running as far away from the hospital and its services as possible.

We have found that reinforcing positive behavior in this situation can make a difference.

Catching families doing something good increases self-esteem and provides some bright moments during their stay here.

It may sound like it's hard to find something positive during a suicide evaluation.

It is much easier to give someone strokes at a party.

You could say things like:

"I like your outfit."

"You have a great smile."

"I'm impressed with your analysis of that situation."

"Thanks for the birthday card."

"You played a great game of tennis this afternoon."

"I really appreciate your giving my friend a ride."

Here is a brief conversation between a child fellow and Inez.

The question is where and how might you give strokes to Inez in this conversation.

Where could you slip them in?

Who will read the child fellow and who will read Inez?

Select players and give them the scripts of THE FELLOW AND INEZ. The text of the script follows.

The Fellow and Inez

FELLOW: How are you feeling?

INEZ: Not so yucky. I feel a little better in one way, but I feel terrible in another.

FELLOW: How's that?

INEZ: Trying to kill myself was a dumb thing to do. So I'm relieved that it's over, but I feel awful about what I put my mother through.

FELLOW: You could agree to not trying suicide for a couple of days.

INEZ: Are you kidding? I'm never trying that again.

FELLOW: But what if you got real angry? Like you did before.

INEZ: I don't know.

FELLOW: What could you do to help cool down?

INEZ: I guess I could go to my grandmother's house and talk to her. She listens pretty good.

FELLOW: Anything else.

INEZ: Ask my girl friend, Jenny, to come over - real fast.

FELLOW: It looks like you can think of some things to do that would keep you out of a risky situation?

INEZ: Yeah. (PAUSE) I wish I had my purse here so I could put some make-up on. I feel naked without my make-up. I bet I look awful. You know - faded out.

FELLOW: Make-up makes you feel better.

INEZ: Sure does.

THE END

Thank you very much for reading that scene.

OK. Where were you able to catch Inez doing something good and how would you have given her some strokes?

Obtain answers and discuss. Point out that small compliments can go a long way. Opportunities occurred over feeling better, remorse, labelling the attempt "dumb," commitment not to do it again, coping strategies, and make-up.

Now let's try it with the parents.

I am going to pass out a brief description of a family in the Emergency Room.

I would like you to work in pairs, picking out the behavior that is positive for each parent.

Hand out the description and arrange the group in pairs. Allow about five minutes for selecting the items.

A FAMILY IN THE EMERGENCY ROOM

Mr. and Mrs. Sanchez have come to the ER with their daughter who has attempted suicide. They sit quietly going over the material on adolescent suicide and what happens in the ER. This package has been provided to them at the admitting desk. They appear to be reading the material and discussing it. Mr. Sanchez puts his arm around Mrs. Sanchez and comforts her.

When called, Mrs. Sanchez goes into the cubicle where their daughter is. She whispers to her daughter, gives her back a quick rub and sits next to her. She holds her daughter's hand.

Both parents are interviewed. They answer all the questions and provide whatever additional information that they think will be helpful. They express an interest in trying to find out what this problem in their life is all about. They do not make any blaming statements regarding their daughter.

The therapy regime is explained to them. They don't look happy about the disruption that attending therapy will bring to their busy lives, but they indicate that they will do whatever is best for their daughter. They ask questions about what is entailed. They want to know if going to therapy means that their family is crazy. Mr. and Mrs. Sanchez indicate that they are quite upset over this incident. They ask if it means they have failed their daughter. Mr. Sanchez wants to see where the therapy sessions are held.

What positive behaviors have been demonstrated by Mr. and Mrs. Sanchez?

Ask the pairs what are examples they discovered in the description.

‡ What kinds of positive behaviors did you locate?

Encourage examples of supporting each other, not blaming, involvement, wanting to work things out, the mother's compassion, the father's presence, the commitment to treatment, disclosing feelings, volunteering information, and sharing concerns.

‡ How would you tell Mr. and Mrs. Sanchez that you appreciated their behavior?

Encourage modeling of giving appreciation. examples are as follows:

"It's good that you both came to the emergency room."

"Thanks for waiting so patiently."

"I appreciate all this information you have given me."

"I like the way you have been trying to figure out what happened."

"It's good to see you are not blaming yourselves."

"You have given me very thoughtful and helpful answers."

"I like the way you show your support of each other in a rough time like this."

"I appreciate your interest in what therapy is all about."

"I like your commitment to wanting to solve this."

"Your family has a lot of strengths that will come in useful when you enter therapy."

"I am glad you can be open about how you feel and also express the worries that you have."

"I like your optimism about working this problem through."

Exercise 8: Encouraging Return to Treatment

Last I would appreciate your ideas on how to encourage a family to return for treatment.

If part of our task is to persuade the family to make a commitment to begin therapy, how would you go about doing that?

Let's use a role play to elicit some suggestions.

Who will play the child fellow and who will be the mother, father, and daughter?

Select players.

In this role play the child fellow's goal is to encourage the family to return.

So, what is the child fellow's goal?

Obtain a response from the resident.

The mother's goal is to find out why going to confession isn't better for her daughter than therapy.

After all, hasn't her daughter sinned by trying suicide?

What is the mother's goal?

Obtain a response from the person playing the mother.

The father's goal is to avoid having to reveal his feelings to anyone.

He is very sad about his daughter's suicide attempt but believes it is unmanly to cry in this situation.

The father's goal is what?

Obtain a response from the father.

And the daughter's goal is to forget the whole thing.

The daughter doesn't want to have to deal with the after-effects of the suicide attempt.

She wants to continue on as if nothing happened.

The daughter's goal is to do what?

Obtain a response from the daughter.

The rest of us will observe.

Assign observational roles to everyone else.

You watch the fellow; you the mother; you the father; and you the daughter.

What are they feeling?

How do they act?

Let's say the family is getting ready to leave.

A few lines from a script will get us started.

Pass out the script "AT THE END."

At the End

FELLOW: I hope to see you coming back for treatment.

GIRL: Everything is fine now. There's no reason to come back here again.

MOTHER: We don't come here. We go to some clinic.

FATHER: It's not something I want to talk about.

FELLOW: I really think it would help you.

GIRL: It's over. We don't need help.

MOTHER: Maybe our daughter should come back, but why us?

FATHER: What good does talking do?

FELLOW: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

¶ Begin the role playing.

Allow the role play to go on for a few minutes.

¶ Thank you.

¶ Why don't we focus on the fellow first.

¶ If 100 is totally uncomfortable and 0 is completely comfortable, how comfortable were you during the role play?

Obtain a response.

What did you like about the way you dealt with the family and what would you try and do differently?

Obtain a response.

Now, let's hear some feedback.

Those of you who were observing, what did you observe, what did you like and what would you have done differently?

Obtain responses and discuss. Be prepared to summarize what was suggested.

So the main points are..... (SUMMARIZE THE MAIN SUGGESTIONS).

We really appreciate those ideas.

Working with you on how to improve treatment adherence has been very helpful to us, and I hope that it has provided you with some new ideas as well.

In closing I wonder if you have any ideas about how to prepare new child fellows for dealing with these issues.

Discuss.

Thanks again for your assistance.

We on the project hope that by meeting with all the ER staff we can improve treatment adherence.

THE END

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
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SNAP

SUCCESSFUL NEGOTIATION/ACTING POSITIVELY

IS

- BRIEF** Six sessions
- SPECIFIC** Designed for adolescent suicide attempters and their families
- ACTIVE** Emphasizing learning skills through modelling, role playing, reinforcement,
and videotaping

ASSUMES

Ineffective family problem solving to be an important factor in adolescent suicide attempts.

Practicing alternative ways to solve conflicts, reward self, and label suicide as ineffective, to be the methods of choice.

GOALS

1. Decrease suicide as a means of solving problems.
2. Increase conflict resolution and negotiation skills for handling family fights.
3. Increase early returning for assistance when crises occur.

OBJECTIVES

1. Make explicit the links between thoughts (cognitions), emotions (affect) and actions (behaviors).
 2. Dispute irrational beliefs.
 3. Promote negotiation between family members.
 4. Improve problem-solving skills.
 5. Increase self-esteem and self-efficacy.
 6. Transfer learning from treatment to everyday family life.
-
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The Fellow and the Family

MOTHER: Doctor, I don't get why we have to come back.

FELLOW: Well, let me tell you about...

FATHER: What is coming back going to do for us?

FELLOW: We have a six session treatment program for families where the daughter has attempted suicide.

GIRL: I don't want to come back.

MOTHER: Be quiet! Let the doctor talk.

FELLOW: Thank you.

FATHER: I still want to know what it is supposed to do.

FELLOW: In just a minute I'll answer your question.

MOTHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FELLOW: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

FATHER: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

GIRL: (MAKE UP WHAT YOU WANT TO SAY AND CONTINUE ON.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures at your hospital are different, draft your own procedures.)

Lucinda and the Child Fellow

FELLOW: I'm puzzled, Lucinda. You told the other doctor in the emergency room that you took a whole bottle of aspirin, but your body didn't react to all those pills as I would have expected it to. How do you explain that?

LUCINDA: I don't know.

FELLOW: Tell me again how many you took.

LUCINDA: I already told the other doctor.

FELLOW: Well, try telling me one more time.

LUCINDA: OK,OK,OK. So I lied. What are you going to do? Turn me over to the cops?

FELLOW: You lied? What do you mean?

LUCINDA: I faked it.

FELLOW: What do you mean you faked it?

LUCINDA: Are you hard of hearing?

FELLOW: No. I just want to understand you.

LUCINDA: I don't want to be analyzed.

FELLOW: So why did you fake it?

LUCINDA: If I scared my mother, maybe she'd get off my back.

FELLOW: How is she on your back?

LUCINDA: She screams and yells when I go out, and when I come back, she wants to know every little thing I did. She doesn't trust me at all. I know what I'm doing.

FELLOW: What does she think you are doing.

LUCINDA: Having sex with every guy who come along. That's what she accuses me of doing.

FELLOW: Are you having sexual relations?

LUCINDA: Here we go again! Will you just leave me alone?

FELLOW: (KEEP GOING ON YOUR OWN. MAKE IT UP.)

LUCINDA: (KEEP GOING ON YOUR OWN. MAKE IT UP.)

The Sanchez and the Child Fellow

- FELLOW: So what do you think is the problem here?
- MOTHER: We've done everything for her. What more could we do? She's got no reason to complain.
- FATHER: She's just too smart. Thinks she knows everything.
- FELLOW: You both see it differently.
- MOTHER: We never had problems with her before.
- FATHER: I say "No," and she tells me "Yes." I say "Yes," and she won't do it. The kid needs a good spanking.
- FELLOW: So if there is a problem, it is with your daughter.
- FATHER: So you're trying to blame it on us?
- MOTHER: Hector, don't make the doctor mad.
- FATHER: I just want to know whose side he's on.
- MOTHER: Doctor, I don't know what could have made her do it. Maybe she has got in with the wrong friends at school. I don't know what to think. We have given her everything.
- FATHER: Is she grateful? No way! If it weren't for me, she would walk all over my wife. Those people that chained their kid to the radiator were right. They ought to get a medal.
- FELLOW: (KEEP IT UP ON YOUR OWN. MAKE UP THE DIALOGUE.)
- MOTHER: (KEEP GOING ON YOUR OWN. MAKE UP THE LINES.)
- FATHER: (KEEP GOING ON YOUR OWN. MAKE UP THE DIALOGUE.)
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CARD 1

**"ADOLESCENTS SHOULDN'T TRY TO
MANIPULATE THEIR PARENTS."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 2

**"PARENTS SHOULDN'T TRY TO
CONTROL THEIR ADOLESCENT'S
BEHAVIOR."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 3

**"ADOLESCENTS SHOULD BE ABLE
TO WITHSTAND PEER PRESSURE."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 4

**"PARENTS SHOULD ACCEPT SOME
BLAME IF THEIR ADOLESCENT HAS
TRIED TO COMMIT SUICIDE."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 5

**"ADOLESCENTS SHOULD NOT TRY
TO IMPRESS THEIR FRIENDS."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 6

**"PARENTS WHOSE ADOLESCENT
HAS TRIED TO COMMIT SUICIDE
SHOULD NOT FEEL SORRY FOR
THEMSELVES."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 7

**"ADOLESCENTS SHOULD NOT HAVE
SEXUAL INTERCOURSE BEFORE 18
YEARS OF AGE."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 8

**"PARENTS SHOULD NOT TRY TO
BRIBE THEIR ADOLESCENTS."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 9

**"ADOLESCENTS WHO HAVE
ATTEMPTED SUICIDE HAVE
PERFORMED AN IMMORAL ACT."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

CARD 10

**"ADOLESCENTS WHO ATTEMPT
SUICIDE HAVE INCOMPETENT OR
UNCARING PARENTS."**

**HOW WOULD YOU COUNTER THIS
STATEMENT?**

(CHILD FELLOWS)

The Family

MARIA: There's this big dance I want to go to.

MOTHER: Who are you going with?

MARIA: Frankie.

FATHER: Oh, not him.

MARIA: The dance ends later than usual. So I want to stay out a little later than eleven.

FATHER: Keep away from Frankie.

MOTHER: How late do you want to stay out?

MARIA: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU WILL SAY NEXT AND KEEP THE ROLE PLAY GOING.)

The Fellow and Inez

FELLOW: How are you feeling?

INEZ: Not so yucky. I feel a little better in one way, but I feel terrible in another.

FELLOW: How's that?

INEZ: Trying to kill myself was a dumb thing to do. So I'm relieved that it's over, but I feel awful about what I put my mother through.

FELLOW: You could agree to not trying suicide for a couple of days.

INEZ: Are you kidding? I'm never trying that again.

FELLOW: But what if you got real angry? Like you did before.

INEZ: I don't know.

FELLOW: What could you do to help cool down?

INEZ: I guess I could go to my grandmother's house and talk to her. She listens pretty good.

FELLOW: Anything else.

INEZ: Ask my girl friend, Jenny, to come over - real fast.

FELLOW: It looks like you can think of some things to do that would keep you out of a risky situation?

INEZ: Yeah. (PAUSE) I wish I had my purse here so I could put some make-up on. I feel naked without my make-up. I bet I look awful. You know - faded out.

FELLOW: Make-up makes you feel better.

INEZ: Sure does.

THE END

A FAMILY IN THE EMERGENCY ROOM

Mr. and Mrs. Sanchez have come to the ER with their daughter who has attempted suicide. They sit quietly going over the material on adolescent suicide and what happens in the ER. This package has been provided to them at the admitting desk. They appear to be reading the material and discussing it. Mr. Sanchez puts his arm around Mrs. Sanchez and comforts her.

When called, Mrs. Sanchez goes into the cubicle where their daughter is. She whispers to her daughter, gives her back a quick rub and sits next to her. She holds her daughter's hand.

Both parents are interviewed. They answer all the questions and provide whatever additional information that they think will be helpful. They express an interest in trying to find out what this problem in their life is all about. They do not make any blaming statements regarding their daughter.

The therapy regime is explained to them. They don't look happy about the disruption that attending therapy will bring to their busy lives, but they indicate that they will do whatever is best for their daughter. They ask questions about what is entailed. They want to know if going to therapy means that their family is crazy. Mr. and Mrs. Sanchez indicate that they are quite upset over this incident. They ask if it means they have failed their daughter. Mr. Sanchez wants to see where the therapy sessions are held.

What positive behaviors have been demonstrated by Mr. and Mrs. Sanchez?

At the End

FELLOW: I hope to see you coming back for treatment.

GIRL: Everything is fine now. There's no reason to come back here again.

MOTHER: We don't come here. We go to some clinic.

FATHER: It's not something I want to talk about.

FELLOW: I really think it would help you.

GIRL: It's over. We don't need help.

MOTHER: Maybe our daughter should come back, but why us?

FATHER: What good does talking do?

FELLOW: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

MOTHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

FATHER: (MAKE UP WHAT YOU SAY NEXT. KEEP THE ROLE PLAY GOING.)

Training Program for E.R. Nursing Staff: Treatment Adherence in Adolescent Suicide

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO FOLLOW-UP TREATMENT RECOMMENDATIONS.

SECONDARY GOALS ARE TO...

1. *Increase the rapport between emergency room nurses and families, overcoming barriers created by language, custom, and dealing with strangers.*
2. *Support the family rather than blame it.*
3. *Increase the family's comfort, by coping with their confusion and lack of knowledge.* Change to 7
4. *Increase being treated with respect.* and decrease
5. *Increase a sense of privacy.*
6. *Provide some positive reinforcement to the family and attempter.*
7. *Make treatment adherence an explicit goal of all emergency room staff.*

SPECIFIC OBJECTIVES ARE THAT EMERGENCY ROOM NURSES WILL:

1. *Minimize any negative effects resulting from ambivalence over the perceived seriousness of adolescent suicide attempts and treating them in the emergency room.*
2. *Provide information to families on what is happening and how much time will be required for different phases of the emergency room care.*
3. *Know the attempter's path through the Emergency Room.*
4. *Prepare themselves for dealing with conflict over the attempter's refusal to engage in "unpleasant" procedures (such as drinking charcoal).*
5. *Show appreciation to the attempter for any positive behavior that is displayed.*

MATERIALS:

Handout: Barriers to Treatment Adherence: A Family Perspective
Handout: What Happens to an Adolescent Suicide in the E. R.
Scripts: The Nurse and Maria
Nurse Smith and Mrs. Acosta
The Nurse and Isabel
The Nurse and Juanita
Handout: Examples of Self-talk for Guiding a Nurse Through a Confrontation Over an Unpleasant Procedure
Cards on Negative Beliefs

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____, and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many adolescent suicide attempts you have dealt with here in the Emergency Room (ER).

Have each person say who they are and how many adolescent suicide attempters they have treated.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER, the girls and their families are to be involved in a short-term follow-up treatment program.

Eleven percent don't make it to the intake interview¹.

Others attend the intake interview but don't show for the first therapy session, and another group fails to complete treatment.

Non-adherence is a substantial problem.

We need your help in trying to fix that situation.

In a minute I'll tell you about what we have learned through talking with the families and the steps we are taking.

First, however, I'd like to know what kind of gut-level reactions you have had to working with these girls and their families in the emergency room.

(Note¹: The above figures are based on our ER experience. If local statistics are available and more accurately describe compliance patterns, they should be substituted.)

First, however, I'd like to know what kind of gut-level reactions you have had to working with these girls and their families in the emergency room.

Starting generally, if 100 is total discomfort and 0 is complete comfort, how much discomfort do you feel when dealing with an attempter and her family?

Encourage sharing of feelings and express appreciation for self-disclosure by the nurses.

Thanks. That's very helpful.

Your feelings when working with these families are important in devising strategies for increasing compliance.

We wanted to figure out why families were not coming to treatment.

Let's take a look at the views held by the families.

A number of focus groups were held with families to see from their perspective what might be the barriers to involvement in short-term follow-up treatment program.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:*** Due to the distance created by language and custom differences.
- EMBARRASSMENT:*** Due to discussing such personal matters with strangers.
- CONFUSION:*** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:*** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.

- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
-

NOTE: The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.

To deal with these barriers and improve our adherence rate we are instituting a number of new procedures in the ER process.

First, we are meeting with all ER staff groups who have contact with adolescent suicide attempters and their families.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her room in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are employing a bilingual family therapist who will be on duty 24 hours a day.

We want to work together on some specific ways that might encourage these families to participate in treatment.

While our emphasis is on treatment adherence, we recognize that while these girls are in the emergency room's care your professional responsibility includes more than the family's attendance at future treatment.

Exercise 2: Understanding How the ER Process Works

Before going further, it may be useful to examine how the Emergency Room processes an adolescent who attempts suicide.

Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the crisis unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(NOTE: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 3: Dealing with Ambivalence

Nurses are the front line workers in the E. R., and the hectic pace can make for stressful work.

We need help in trying to figure out how to deal with some of the tensions that arise when an adolescent suicide case comes in.

To lay out one of the tensions I need four volunteers to read this script
One person will play the nurse, and another person her thoughts.

One person will play the girl, and another person her thoughts.

Select the four volunteers and give them the scripts of "THE NURSE AND MARIA." The text follows on this page. Set up two chairs facing each other. Have the nurse sit in one chair and the girl in the other. Have the persons reading the thoughts stand behind the nurse and the girl.

The Nurse and Maria

NURSE: How are you feeling?

NURSE THOUGHTS: I wonder what kind of kid tries to kill herself?

MARIA: Kind of sick and dopey.

MARIA THOUGHTS: I'm so scared. What are they going to do to me?

NURSE: How many pills did you take?

NURSE THOUGHTS: How could her family let this happen?

MARIA: I don't know. About ten aspirin I guess.

MARIA THOUGHTS: Why didn't they work? How come I'm still alive?

NURSE: So you took ten aspirin?

NURSE THOUGHTS: I am spending this time on a kid who chose to take a few aspirin, while I have people in here bleeding to death, cancer, pneumonia.

MARIA: Yes, and I drank some rum first.

MARIA THOUGHTS: I feel so sick. I hope my mama's stopped crying. I hate to see her like that.

NURSE: Did you pass out?

NURSE THOUGHTS: It's hard to understand these kids and their families. They're from a different place, but now comes the bad part. I'm going to have to give her the charcoal. She'll fight me all the way. Well, I'd better stop thinking about it and get on with it. She's here. I'm here. That's the way it goes.

MARIA: I didn't remember anything until I was in the ambulance.

MARIA THOUGHTS: Oh, I wish I was dead.

NURSE: Let me tell you what we are going to do.

NURSE THOUGHTS: I'd better just stay focused on what I have to do. Give her the charcoal and get back out there.

THE END

Thank you. That was great.

First, let's get some reactions from the nurse and Maria.

How did you feel playing those parts?

Obtain reactions. Express appreciation for their remarks.

Now, I would like to hear from everybody.

How would you handle those thoughts if you were dealing with an adolescent suicide?

Encourage discussion and sharing of ideas on how to do a good job while having ambivalent thoughts. Focus on maintaining concentration. Let thoughts come in and watch them go without following them. Return to the task at hand.

Thank you.

That gives us some good ideas about how to handle ambivalent thoughts concerning treating adolescent suicides in the E.R.

I also want to find out how you would argue against some beliefs that people have about adolescent suicides.

I'll give you a card to pass to the person next to you.

For example, the card might say, "If there's no blood, it isn't an emergency."

You argue against the belief on the card.

For example, you might say, "There are plenty of emergencies that having nothing to do with physical trauma. Heart attacks, comas, psychosis and so on."

‡ Has everyone got it?

Pass out the cards one at a time. Try to make sure that different people accept the cards when passed to them so that everyone has a turn in reading a belief. If a nurse says, "I agree with that statement," say to the nurse, "I understand, but try to argue against it anyway." The text of the cards follows.

CARD 1

"IT IS A WASTE OF THE EMERGENCY ROOM'S TIME TO TREAT AN ADOLESCENT SUICIDE ATTEMPTER WHO HAS ONLY TAKEN A FEW PILLS."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 2

"IF THE ADOLESCENT WASN'T PLAYING A GAME, SHE WOULD HAVE KILLED HERSELF."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 3

"WITH ALL THE REALLY SICK PEOPLE IN THE EMERGENCY ROOM, ADOLESCENT SUICIDES SHOULD BE TREATED IN AN OUTPATIENT CLINIC."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 4

"MOST ADOLESCENT SUICIDES ARE JUST LOOKING FOR ATTENTION."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 5

"ADOLESCENT SUICIDE ATTEMPTERS HAVE A PSYCHOLOGICAL PROBLEM AND DON'T BELONG IN THE EMERGENCY ROOM."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 6

"USING UNPLEASANT PROCEDURES SUCH AS A GASTRIC LAVAGE WILL TEACH A LESSON TO AN ATTEMPTER AND WILL PREVENT HER FROM TRYING SUICIDE AGAIN."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 7

"MOST ADOLESCENT GIRLS WHO TRY SUICIDE KNOW THAT THEY WILL FAIL."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 8

"MOST ADOLESCENT SUICIDE ATTEMPTERS ARE VERY DIFFICULT TO TREAT."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 9

"PARENTS SHOULD ACCEPT SOME BLAME IF THEIR ADOLESCENT HAS TRIED TO COMMIT SUICIDE."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

CARD 10

"MOST GIRLS WHO TRY SUICIDE COME FROM FAMILIES THAT DON'T CARE ABOUT THEM."

HOW WOULD YOU ARGUE AGAINST THAT BELIEF?

|| Thank you.

|| That gives us some good ideas about how to argue against with these myths.

Exercise 4: Assisting Parents

|| As you could see from the feedback that we obtained from families in focus groups, parents are often confused about what is happening, what they are supposed to be doing, and why the pace may be slower than families anticipate.

We need help in how to answer the parents questions so that their experience in the E. R. is a less stressful one.

I would appreciate having two volunteers role play a little scene that may facilitate learning how to approach parents.

Who will play Nurse Smith and who will play Mrs. Acosta?

Select volunteers.

Mrs. Acosta, your daughter, Inez, was brought to the Emergency Room by ambulance three hours ago.

She tried to kill herself after an argument with you and your husband.

The E. R. makes you very nervous, and when you feel helpless, things are even worse.

So far you haven't said anything yet.

But you have waited long enough.

Now you want to ask the nurse what is going on, what is taking so long, and what are you supposed to be doing.

What is your goal?

Make sure that the person playing Mrs. Acosta understands that her goal is to find out what is going on, what takes so long, and what is she supposed to do.

Nurse Smith, Inez was examined by the pediatric resident.

You have given her the charcoal and a gastric lavage.

You are waiting for tests to come back.

It looks like Inez will be fine.

Your goal is to reduce Mrs. Acosta's anxiety by explaining what is happening.

What is your goal?

Make sure that the person playing the nurse understands her goal: to provide Mrs. Acosta with information in a way that reduces Mrs. Acosta's anxiety.

The rest of us will be observers.

Each person will have a different observer task.

Assign roles to each observer.

You watch for Nurse Smith's feelings as evidenced by her tone of voice, facial expressiveness, posture, and latency before she responds; and you watch for her actions.

You watch for Mrs. Acosta's feelings, and you watch for what she does.

Now that everyone has a role we will get started.

Here are a few lines to get us going.

Pass out the scripts on "NURSE SMITH AND MRS. ACOSTA."

Nurse Smith and Mrs. Acosta

NURSE SMITH: Did you call to me?

MRS. ACOSTA: What's going on? My daughter tried to kill herself. So what's happening?

NURSE SMITH: We've been checking her out.

MRS. ACOSTA: How come it takes so long?

NURSE SMITH: (MAKE UP WHAT YOU WOULD SAY AND CONTINUE ON YOUR OWN.)

MRS. ACOSTA: (MAKE UP WHAT YOU WOULD SAY AND CONTINUE ON YOUR OWN.)

Please do the role play standing up as you would in the E. R.

Begin by reading the script.

Let the role play proceed for a few minutes (no more than 5).

That was great!

Nurse Smith, please tell us how you felt on a scale of 100 to 0 with 100 being very uncomfortable, and 0 being very comfortable, what you did that you liked, and what one aspect you would have done differently.

Obtain response.

Mrs. Acosta, please tell us how you felt on a scale of 100 to 0 with 100 being very uncomfortable, what you did that you liked, and what one aspect you would have done differently.

Obtain response.

Now lets hear some feedback from the observers.

Please tell us what you observed, what you liked, and what you would have done differently - not what Nurse Smith should have done.

Obtain feedback.

We appreciate those ideas for how to inform parents while they wait in the E.R.

Exercise 5: Handling an Unpleasant Procedure

Apparently there is no way around using some unpleasant procedures, like gastric lavage, in treating the adolescent suicide.

Therefore, how can a nurse make this procedure easier and reduce this confrontation, and is there a way to explain the procedure to the suicide attempter so that less resistance is demonstrated?

Let's start with approaches a nurse can take which will make the situation less stressful to her.

It has been found that other people whose work requires that they deal with confrontational situations can learn to cope in a way that puts less strain on them.

First, the situation is divided up into four phases: 1) Getting Ready - when you are preparing for it; 2) Face to Face - when you are actually handling it; 3) Feeling Overwhelmed - which doesn't always happen; and 4) Evaluating - when it is all over.

All of us talk to ourselves a good deal of the time.

Self-talk can be used to guide people through difficult situations.

Some of the self-talk is designed to help us keep our emotions under control and other self-talk helps us perform the task.

I am going to pass out some examples of what a nurse might say when faced with administering an unpleasant procedure to a frightened and resistant adolescent.

Pass out "EXAMPLES OF SELF-TALK FOR GUIDING A NURSE THROUGH A CONFRONTATION OVER AN UNPLEASANT PROCEDURE." The handout is located at the end of the lesson as well. go over the handout.

EXAMPLES OF SELF-TALK FOR GUIDING A NURSE THROUGH

A CONFRONTATION OVER AN UNPLEASANT PROCEDURE

PHASE 1: Getting ready

To regulate my emotions

Stop worrying. It won't help.

This may be tough, but I can handle it.

Take it easy.

Remember to take a few deep breaths.

I may feel discomfort, but it will pass.

To perform the task

- What is it I need to do?
- What's my plan of action?
- I'll do what has worked for me before.
- I'll get everything ready.
- I'll rehearse it in my head.

PHASE 2: Face to face

To regulate my emotions

- Relax. You're in control.
- Don't think about being anxious; think about what I have to do.
- Stay cool.
- Don't let her provoke me.
- She's just frightened.

To perform the task

- Pay attention.
- Stay focused.
- Be ready to respond quickly.
- Don't let her distract me.

PHASE 3: Coping with feeling overwhelmed (optional)

To regulate my emotions

- Take a few deep breaths.
- When my feelings are building up, take a pause.
- Don't let her get me angry.
- It's unpleasant, but I can deal with it.
- It will be over soon.

To perform the task

- Keep the focus on the here and now.
- Remember the plan of action.
- Don't let my attention wander.
- Get help if I need it.

PHASE 4: Evaluating when it's over

About controlling my emotions

- I did it!
- It wasn't as bad as I had thought.
- What did I learn from this?
- I'm getting better every time.
- I'll handle it even better next time.

About performing the task

- The plan worked out fine.
- I'm going to talk about this with another nurse.
- I think I know how to correct some mistakes.
- I'm going to pay more attention next time.
- One step at a time.

Now that we have gone over this, I would like to know what kind of self-talk has worked for you at each stage.

What has been helpful to you as you prepared yourself for a confrontation?

Encourage responses and write them up on newsprint.

What were some useful examples of self-talk when you were face to face with a reluctant adolescent?

Encourage responses and write them up on newsprint.

What about when you felt overwhelmed and wanted to get back in control.

What did you tell yourself that worked?

Encourage responses and write them up on newsprint.

And finally, what have you said afterwards that helped you?

Encourage responses and write them up on newsprint.

Thank you.

Those were great ideas.

I need two people to roleplay a nurse and a girl attempter named Isabel.

Select volunteers.

Nurse, your goal is to convince the girl to take the charcoal.

Isabel, you already feel lousy.

Your goal is to avoid doing anything that makes you feel worse.

Assign roles to observers.

You watch the Nurse's feelings as signaled by her facial expressiveness, tone of voice, posture, and personal space, and you her actions.

You observe the girl's feelings, and you pay attention to what she does.

Let's take a few minutes and see how far we can get with this one.

We will use a very brief script to help the roleplay along.

Pass out the scripts of "THE NURSE AND ISABEL."

The Nurse and Isabel

NURSE: I'm going to need for you take some medicine.

ISABEL: Why?

NURSE: It will help get what you took out of your system.

ISABEL: What will it do to me?

NURSE: (MAKE UP WHAT YOU WOULD SAY NEXT AND CONTINUE ON YOUR OWN.)

ISABEL: (MAKE UP WHAT YOU WOULD SAY NEXT AND CONTINUE ON YOUR OWN.)

Go ahead and begin with the Nurse starting.

Allow the roleplay to go just a few minutes.

That was very good.

Nurse, what did you feel, what did you like about what you did, and what would you do differently?

Obtain responses.

Isabel, how did you feel, what did you like about what you did, and what would you do differently?

Obtain responses.

Now how about feedback from everyone else.

What did you observe, what did you like, and what would you do if you had been the nurse.

Obtain responses.

So the approaches that work best for you are _____

Summarize the ideas that people seemed to favor.

Thanks for the recommendations.

Exercise 6: Reinforcing Positive Behavior

I think that most of us would agree that a trip to the Emergency Room is no fun.

Under the best of circumstances being brought to the E. R. as a patient is frightening.

For these families with a suicide attempt on their hands the experience is a traumatic one that can lead them to running as far away from the hospital and its services as possible.

We have found that reinforcing positive behavior in this situation can make a difference.

Catching families doing something good increases self-esteem and provides some bright moments during their stay here.

It may sound hard to find something positive during a suicide evaluation.

It is much easier to give someone strokes at a party.

If you were at a baby shower, you could say things like:

"I like your earrings."

"Your new hair cut is great."

"That's a really cute gift you brought."

"That guy you were with last Saturday was gorgeous."

"Thanks for calling me on my birthday."

"Where did you get those shoes? I love them."

"You tell the funniest jokes."

Here is a brief conversation between a nurse and Juanita.

The question is where and how might you give strokes to Juanita in this conversation.

Where could you slip them in?

Who will read the nurse and who will read Juanita?

Select players and give them the script.

The Nurse and Juanita

JUANITA: Oh, God, that was awful! Yuk!! That's the worse thing I ever had to do in my whole life.

NURSE: Well, it's over.

JUANITA: I'll never have my stomach pumped again.

NURSE: Let's hope not.

JUANITA: Those tubes in my nose were terrible. I wanted to pull them out, and I kept feeling like gagging and gagging and gagging. God, that was awful.

NURSE: There's nothing more like that planned for you.

JUANITA: I'm glad nobody was watching. I'd be so embarrassed if my boyfriend had seen me like that. Gross!

NURSE: Just relax.

JUANITA: Trying to kill myself was really stupid. I can't believe I was so dumb.

NURSE: You almost did kill yourself. We didn't pump your stomach for the fun of it.

JUANITA: That's even scarier to think I came so close.

NURSE: Well, you did.

JUANITA: I don't want to go through all this shit again. Somebody has got to fix this mess. I don't know how it's going to happen. There's so much going on. School, my parents, my boyfriend, the cops. Too, too much.

NURSE: Well, for today we have to do some lab work. That's the next thing on the agenda.

THE END

Thank you for that reading.

Where could you have given Juanita some strokes?

Did you see places where you could have caught her doing something good?

Encourage discussion. Look for places to insert strokes. Examples might be as follows: surviving the pumping, not pulling out the tubes, not going through it again, thinking about boyfriend, not trying to kill self again, starting to think of getting help, listing problem areas.

Your ideas are appreciated.

These suggestions will help us figure out how to increase positive reinforcement which we believe will lead to increased compliance.

In the time that we have allotted to us we have covered as much ground as we could.

Our hope is that by meeting with all the E. R. staff we can increase treatment adherence and at the same time make things easier for E. R. staff when it comes to dealing with adolescent suicide attempters.

Again we thank you for your assistance.

THE END

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not leave work easily.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
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WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(NOTE: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

The Nurse and Maria

NURSE: How are you feeling?

NURSE THOUGHTS: I wonder what kind of kid tries to kill herself?

MARIA: Kind of sick and dopey.

MARIA THOUGHTS: I'm so scared. What are they going to do to me?

NURSE: How many pills did you take?

NURSE THOUGHTS: How could her family let this happen?

MARIA: I don't know. About ten aspirin I guess.

MARIA THOUGHTS: Why didn't they work? How come I'm still alive?

NURSE: So you took ten aspirin?

NURSE THOUGHTS: I am spending this time on a kid who chose to take a few aspirin, while I have people in here bleeding to death, cancer, pneumonia

MARIA: Yes, and I drank some rum first.

MARIA THOUGHTS: I feel so sick. I hope my mama's stopped crying. I hate to see her like that.

NURSE: Did you pass out?

NURSE THOUGHTS: It's hard to understand these kids and their families. They're from a different place, but now comes the bad part. I'm going to have to give her the charcoal. She'll fight me all the way. Well, I'd better stop thinking about it and get on with it. She's here. I'm here. That's the way it goes.

MARIA: I didn't remember anything until I was in the ambulance.

MARIA THOUGHTS: Oh, I wish I was dead.

NURSE: Let me tell you what we are going to do.

NURSE THOUGHTS: I'd better just stay focused on what I have to do. Give her the charcoal and get back out there.

THE END

CARD 1

PASS TO THE RIGHT

**"IT IS A WASTE OF THE EMERGENCY
ROOM'S TIME TO TREAT AN
ADOLESCENT SUICIDE ATTEMPTER
WHO HAS ONLY TAKEN A FEW PILLS."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 2

PASS TO THE RIGHT

**"IF THE ADOLESCENT WASN'T
PLAYING A GAME, SHE WOULD HAVE
KILLED HERSELF."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 3

PASS TO THE RIGHT

**"WITH ALL THE REALLY SICK PEOPLE
IN THE EMERGENCY ROOM,
ADOLESCENT SUICIDES SHOULD BE
TREATED IN AN OUTPATIENT CLINIC."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 4

PASS TO THE RIGHT

**"MOST ADOLESCENT SUICIDES ARE
JUST LOOKING FOR ATTENTION."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 5

PASS TO THE RIGHT

**"ADOLESCENT SUICIDE ATTEMPTERS
HAVE A PSYCHOLOGICAL PROBLEM
AND DON'T BELONG IN THE
EMERGENCY ROOM."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 6

PASS TO THE RIGHT

**"USING UNPLEASANT PROCEDURES
SUCH AS A GASTRIC LAVAGE WILL
TEACH A LESSON TO AN ATTEMPTER
AND WILL PREVENT HER FROM
TRYING SUICIDE AGAIN."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 7

PASS TO THE RIGHT

**"MOST ADOLESCENT GIRLS WHO
TRY SUICIDE KNOW THAT THEY WILL
FAIL."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 8

PASS TO THE RIGHT

**"MOST ADOLESCENT SUICIDE
ATTEMPTERS ARE VERY DIFFICULT
TO TREAT."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

CARD 9

PASS TO THE RIGHT

**"PARENTS SHOULD ACCEPT SOME
BLAME IF THEIR ADOLESCENT HAS
TRIED TO COMMIT SUICIDE."**

**HOW WOULD ARGUE AGAINST THAT
BELIEF?**

(NURSE)

CARD 10

PASS TO THE RIGHT

**"MOST GIRLS WHO TRY SUICIDE
COME FROM FAMILIES THAT DON'T
CARE ABOUT THEM."**

**HOW WOULD YOU ARGUE AGAINST
THAT BELIEF?**

(NURSE)

Nurse Smith and Mrs. Acosta

NURSE SMITH: Did you call to me?

MRS. ACOSTA: What's going on? My daughter tried to kill herself. So what's happening?

NURSE SMITH: We've been checking her out.

MRS. ACOSTA: How come it takes so long?

NURSE SMITH: (MAKE UP WHAT YOU WOULD SAY AND CONTINUE ON YOUR OWN.)

MRS. ACOSTA: (MAKE UP WHAT YOU WOULD SAY AND CONTINUE ON YOUR OWN.)

EXAMPLES OF SELF-TALK FOR GUIDING A NURSE THROUGH

A CONFRONTATION OVER AN UNPLEASANT PROCEDURE

PHASE 1: Getting ready

To regulate my emotions

Stop worrying. It won't help.
This may be tough, but I can handle it.
Take it easy.
Remember to take a few deep breaths.
I may feel discomfort, but it will pass.
To perform the task
What is it I need to do?
What's my plan of action?
I'll do what has worked for me before.
I'll get everything ready.
I'll rehearse it in my head.

PHASE 2: Face to face

To regulate my emotions

Relax. You're in control.
Don't think about being anxious; think about what I have to do.
Stay cool.
Don't let her provoke me.
She's just frightened.

To perform the task

Pay attention.
Stay focused.
Be ready to respond quickly.
Don't let her distract me.

PHASE 3: Coping with feeling overwhelmed (optional)

To regulate my emotions

Take a few deep breaths.

When my feelings are building up, take a pause.

Don't let her get me angry.

It's unpleasant, but I can deal with it.

It will be over soon.

To perform the task

Keep the focus on the here and now.

Remember the plan of action.

Don't let my attention wander.

Get help if I need it.

PHASE 4: Evaluating when it's over

About controlling my emotions

I did it!

It wasn't as bad as I had thought.

What did I learn from this?

I'm getting better every time.

I'll handle it even better next time.

About performing the task

The plan worked out fine.

I'm going to talk about this with another nurse.

I think I know how to correct some mistakes.

I'm going to pay more attention next time.

One step at a time.

The Nurse and Isabel

NURSE: I'm going to need for you take some medicine.

ISABEL: Why?

NURSE: It will help get what you took out of your system.

ISABEL: What will it do to me?

NURSE: (MAKE UP WHAT YOU WOULD SAY NEXT AND CONTINUE ON YOUR OWN.)

ISABEL: (MAKE UP WHAT YOU WOULD SAY NEXT AND CONTINUE ON YOUR OWN.)

THE END

The Nurse and Juanita

JUANITA: Oh, God, that was awful! Yuk!! That's the worse thing I ever had to do in my whole life.

NURSE: Well, it's over.

JUANITA: I'll never have my stomach pumped again.

NURSE: Let's hope not.

JUANITA: Those tubes in my nose were terrible. I wanted to pull them out, and I kept feeling like gagging and gagging and gagging. God, that was awful.

NURSE: There's nothing more like that planned for you.

JUANITA: I'm glad nobody was watching. I'd be so embarrassed if my boyfriend had seen me like that. Gross!

NURSE: Just relax.

JUANITA: Trying to kill myself was really stupid. I can't believe I was so dumb.

NURSE: You almost did kill yourself. We didn't pump your stomach for the fun of it.

JUANITA: That's even scarier to think I came so close.

NURSE: Well, you did.

JUANITA: I don't want to go through all this shit again. Somebody has got to fix this mess. I don't know how it's going to happen. There's so much going on. School, my parents, my boyfriend, the cops. Too, too much.

NURSE: Well, for today we have to do some lab work. That's the next thing on the agenda.

THE END

Training Program for E.R. Security Personnel: Treatment Adherence in Adolescent Suicide

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO FOLLOW-UP TREATMENT RECOMMENDATIONS.

SECONDARY GOALS ARE TO...

- 1. Increase the rapport between emergency room staff and families, overcome barriers created by language, custom, and dealing with strangers.**
- 2. Support the family rather than blame it.**
- 3. Increase the family's comfort, by coping with their confusion and lack of knowledge.**
- 4. Increase being treated with respect.**
- 5. Increase a sense of privacy.**
- 6. Provide some positive reinforcement to the family and attempter.**
- 7. Make treatment adherence an explicit goal of all emergency room staff.**

SPECIFIC OBJECTIVES ARE THAT ER SECURITY PERSONNEL WILL:

- 1. Know the attempter's path through the Emergency Room.**
- 2. Increase the number of positive statements made to parents.**
- 3. Increase the number of non-blaming statements made to parents.**
- 4. Show appreciation to the daughter for positive behavior.**
- 5. Set limits with the daughter.**
- 6. Encourage daughters and parents to return to treatment.**

MATERIALS

Blank Cards and Pencils
Handout: Feelings When Coping with Difficult Situations
Handout: Barriers to Treatment Adherence: A Family Perspective
Handout: What Happens to an Adolescent Suicide in the E.R.
Scripts: "Guard 1 and Guard 2"
 "Violetta and the Guard"
 "The Guard and the Family"
Blame Cards
Feel Better Cards
Poster of a Feeling Thermometer

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____ and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many times have you stayed with an adolescent who tried suicide.

Have each person say who they are and how many times they have stayed with an adolescent who tried suicide.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER the girls and their families are to be involved in a short-term follow-up treatment program.

Many never get started in treatment, and others don't finish it.

Not having families follow-through is a big problem for us.

We need your help in trying to fix that situation.

The more families that come to treatment the fewer times you will have to deal with them in the Emergency Room.

Also the better we deal with families in the ER, the easier it will be for us when they do come in.

We are not blaming the families.

We think there are good reasons why they are uncomfortable with going on to treatment.

In a minute I'll tell you about what we have learned through talking with the families and the steps we are taking.

First, however, I'd like to know what kind of gut-level reactions you have to working with these girls and their families in the emergency room.

Your reactions to these families will give us clues into how to bring about better compliance with attending therapy.

You have to spend long hours watching them.

How do you feel when dealing with a suicide attempt?

Here is a feeling thermometer.

Hold up a poster of a feeling thermometer.

If 100 is very uncomfortable and 0 is completely comfortable, how would you feel about these situations that I will describe to you.

Hand out "Feelings when Coping with Difficult Situations".

The handout is for your use only - it doesn't get handed in.

FEELINGS WHEN COPING WITH DIFFICULT SITUATIONS

Instructions: Below are some situations which you might face working in the emergency room. Please read each situation and indicate how comfortable you would feel with that situation. All of the situations are about a girl who has tried to commit suicide.

100 is very uncomfortable, and 0 is completely comfortable. Your rating can be anywhere from 0 to 100.

Scene 1: First, the girl is sobbing and sobbing, and the parents are screaming at each other.

My comfort feeling level is _____.

Scene 2: The girl is angry and cursing at everybody, including you.

My comfort feeling level is _____.

Scene 3: The girl lies quietly in a ball, and the parents pace up and down, up and down in the ER.

My comfort feeling level is _____.

Scene 4: The parents keep wanting to go in where their daughter is when they are not supposed to.

My comfort feeling level is _____.

Scene 5: The girl won't answer any questions or speak to anyone.

My comfort feeling level is _____.

Scene 6: The girl is crying and calling for her mother and her parents ignore her.

My comfort feeling level is _____.

Pass out pencils.

First, the girl is sobbing and sobbing, and the parents are screaming at each other.

Write down how uncomfortable you would feel - from 100 to 0.

Pause

Second, the girl is angry and cursing at everybody, including you.

Again write down your feeling level.

Pause

Third, the girl lies quietly in a ball, and the parents pace up and down, up and down in the ER.

Pause

Fourth, the parents keep wanting to go in where their daughter is when they are not supposed to.

Pause

Fifth, the girl won't answer any questions or speak to anyone.

Pause.

Sixth, the girl is crying and calling for her mother, and her parents ignore her.

Pause.

So what kinds of feelings do you have when faced with those and similar situations?

Is someone willing to share when he or she has felt most uncomfortable?

Praise the person who starts the process. Encourage sharing of feelings, expressing appreciation for self-disclosure.

Thanks. That's very helpful because it is important for us to know your reactions to the families and girls as well as their reactions to the Emergency Room.

Now let me tell you what we learned from them.

We started by holding focus groups with families to see from their perspective what might be the barriers to involvement in the six session treatment program.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
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- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagree-

disagreement with the implication that going to therapy meant they were all "crazy".

NOTE: The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.

To deal with these barriers and improve our adherence rate we are instituting a number of new procedures in the ER process.

First, we are meeting with all ER staff groups who have contact with adolescent suicide attempters and their families.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her room in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are employing a bilingual family therapist who will be on duty 24 hours a day.

We want to work together on some specific ways that might encourage these families to participate in treatment.

While our emphasis is on treatment adherence, we recognize that while these girls are in the emergency room's care your professional responsibility includes more than the family's attendance at future treatment.

Obtain Ideas and make a list on newsprint as the suggestions come up.

Those are some good ideas.

Exercise 2: Understanding How the ER Process Works

Before going further, it may be useful to examine how the Emergency Room processes an adolescent who attempts suicide.

Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
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- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(NOTE: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 3: Dealing with Blame

Let's go a step further.

We need your ideas about difficult situations that come up in the ER around adolescent suicide.

I need two volunteers to read this script which is a conversation between two security guards.

It will be like playing a part on a TV drama.

Select two volunteers and give them the scripts.

At some point the script will stop, but you two just keep going and make up your own lines.

Just keep playing the parts.

Has everybody got it?

Let's start the action.

Guard 1 and Guard 2

GUARD 1: Look at that pretty little girl in there. Tried to kill herself. What a shame. Damn! What kind of parents has she got.

GUARD 2: Wait a minute. You can't go blaming them.

GUARD 1: Sure can. No kid of mine would end up killing themselves.

GUARD 2: That may be, but it's not fair to jump all over the parents.

GUARD 1: Sure is.

GUARD 2: Even if they didn't know how to handle things or were under pressure because not enough money was coming in, that doesn't mean they are bad parents.

GUARD 1: Sure does.

GUARD 2: Don't be pig headed now. Let me explain why you can't make those snap decisions.

GUARD 1: OK. Give me one good reason why I shouldn't blame them.

GUARD 2: Maybe something happened at school to upset the kid. Nothing to do with the parents.

GUARD 1: (KEEP GOING ON YOUR OWN)

GUARD 2: (KEEP GOING ON YOUR OWN)

Let the role play go for a few minutes after they start creating their own dialogue.

That was very good.

I want to ask how you felt playing the role.

On the 100 to 0 discomfort scale, how did you feel?

Obtain feeling thermometer readings.

What did you like about what you did and what would you do differently?

Obtain responses.

What did the rest of you like about how they handled the scene and what would you do differently if you had been playing it?

Encourage responses and discussion.

That gives us some good ideas about how to handle that scene.

Now lets play a little card game to get at this even more.

Who will be the dealer?

Select a dealer

The dealer will give each of you a card - one at a time.

Pass the card to the person on your right.

The person on your right will read you a statement.

You tell us how you would argue against the statement.

For example, let's say the person read me "These girls aren't really serious about killing themselves. They are just trying to scare their parents."

I might argue, "That's not true. No matter how many pills they took, most of them think that the pills would kill them. They wanted to die."

Let's get started.

Have the dealer pass out the first card. Have the person pass it and then argue against the statement before going on to the next card. The dealer will respond to the last card.

If someone has trouble with a card, model a response and then have them try it or coach the person and, if it is all right with the person, get help from other members of the group.

BLAME CARDS

CARD 1

IF THE FATHER DOESN'T COME TO THE EMERGENCY ROOM WITH THE DAUGHTER AND MOTHER, IT MEANS THE FATHER DOESN'T CARE ABOUT HIS DAUGHTER.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 2

ANY TEENAGE GIRL WHO TRIES TO KILL HERSELF IS A WEAK PERSON.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 3

WHEN A MOTHER ACTS HIGHLY UPSET IN THE EMERGENCY ROOM, SHE IS TRYING TO COVER UP HER GUILT OVER HAVING CAUSED HER DAUGHTER'S SUICIDE ATTEMPT.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 4

A DAUGHTER WHO TRIES TO COMMIT SUICIDE HATES HER PARENTS.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 5

IF A DAUGHTER TRIES TO KILL HERSELF, IT MEANS HER PARENTS HAVE FAILED HER.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 6

IF THE DAUGHTER ISN'T UNCONSCIOUS, SHE MUST HAVE BEEN FAKING IT.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 7

IF THE DAUGHTER TRIES TO KILL HERSELF, IT IS A SIGN HER PARENTS DID NOT LOVE HER ENOUGH.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

CARD 8

IF A TEENAGE GIRL TRIES TO KILL HERSELF, SHE IS JUST TRYING TO GET ATTENTION.

HOW WOULD YOU ARGUE AGAINST THAT STATEMENT?

Those were very good responses.

I think we learned something from them.

Thank you very much.

Exercise 4: Giving Encouragement to the Daughter

Would it be fair to say that most people don't want to go to even the best emergency room?

They are typically in pain, feel terrible, are frightened, and confused by all that is happening around them.

It is not a fun experience.

We believe that if there is any way we can help people feel good about themselves while in the emergency room, it will increase the odds of their returning for follow-up treatment.

Most of your time is spent with the daughter while you make sure she is safe.

So we need your ideas about how to make her feel better about herself while staying in the examining room.

We want to find things that she says or does for which we can give her strokes.

For example, if you were at a party, you might say things like the following:

"Those are nice earrings."

"I like talking to you."

"That's a wild tie."

"You have a nice smile."

"You were assertive in the way you dealt with that person."

"Your comments were right on target."

"I really appreciated your being nice to my friend."

"I'm real glad you stopped smoking."

"It's nice to meet someone who is so comfortable."

Giving strokes to a child who has just tried to kill herself a few hours before is much harder.

It is important to be clear that giving strokes is not the same thing as flirting with the girl.

While she is in the emergency room, the girl is very vulnerable.

Flirting with her in the E. R. can be taking advantage of her and can end up making her feel even worse.

Giving her strokes means catching her doing something good - something positive.

Saying "Hey, girl, someone as sexy as you shouldn't have anything to worry about" is flirting and is not responding to something she has done.

Saying "It's good you decided to try and find a solution to your problems" is giving her strokes for something positive she has said to you while you are watching her.

Whatever ideas you have about giving her strokes with will be very useful to us.

To get your ideas I am going to use some cards which will describe something the girl says or does in your presence.

I want to know what you could say to show her that she has done something good.

Giving her strokes will help her feel better about herself.

For example, If she said, "What am I going to do now?" you might say, "It's good to see you starting to think about how to solve your problems."

Now we'll get to the cards.

I need someone to volunteer to be the dealer.

Select a dealer.

Getting your reactions to these cards will work the same way as before.

The dealer deals you a card; you pass it to the person on your right; that person reads what the girl does or says; and you indicate how you might give her a compliment.

Have the dealer pass out the first card. Have the person pass it and then try to give the girl strokes for what she said or did. Then go on to the next card. The dealer will respond to the last card.

If someone has trouble coming up with a response to a card, there are several alternatives. 1) Model a response and then have the person try it. 2) Coach the person. 3) If the person says it is all right, get help from the group.

FEEL BETTER CARDS

CARD 1

THE GIRL SAYS, "I REALLY AM SORRY I TRIED TO KILL MYSELF."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

CARD 2

THE GIRL SAYS, "WHEN I GOT INTO THAT FIGHT WITH MY MOTHER, I MADE A BIG MISTAKE."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

CARD 3

THE GIRL SAYS, "I REALLY CAUSED MY PARENTS A LOT OF GRIEF."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

CARD 4

THE GIRL TAKES A FEW DEEP BREATHS AND LIES CALMLY ON THE TABLE.

HOW WOULD YOU GIVE HER A STROKE FOR DOING THAT?

CARD 5

THE GIRL SAYS, "THERE HAS GOT TO BE A BETTER WAY TO SOLVE MY PROBLEMS."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

CARD 6

THE GIRL SAYS, "I'M NEVER GOING TO DO THIS AGAIN."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

CARD 7

THE GIRL SAYS SHE HAS TO GO THE BATHROOM. YOU TAKE HER THERE AND BACK WITHOUT INCIDENT.

HOW WOULD YOU GIVE HER A STROKE FOR DOING THAT?

CARD 8

THE GIRL SAYS, "I WONDER IF SOMEONE COULD HELP ME TALK TO MY PARENTS."

HOW WOULD YOU GIVE HER A STROKE FOR SAYING THAT?

Those answers were very helpful.

I appreciate that.

We learned something new.

Exercise 5: Setting Limits

What if the girl wanted to talk, and you didn't want to talk to her.

Maybe what she was saying was too personal or it should be saved for her therapist or it just wasn't your thing to get into it.

How could you say something positive to her and yet put a limit on her talking?

This next scene might give us some ideas.

Who will read the guard and who will read Violetta?

Select volunteers and give out the scripts of "VIOLETTA AND THE GUARD."

Violetta and the Guard

VIOLETTA: My parents are always accusing me of having sex with my boy friend. What am I supposed to tell them? We do it. Everybody does it, but if I told my parents, they'd kill me. I don't like lying to them, but what can I do? We got into a big fight about it. That's part of why I tried to kill myself. So what do you think I should do?

GUARD: How to handle the conflict with your parents sounds like something really important to talk about when you come back for treatment with your family.

VIOLETTA: I think my mother knows. She keeps telling me I better not be having sex, but if I do, make sure he uses a condom. She doesn't really want to know the truth. What do you think?

GUARD: I'm glad you want to talk about these things. They are good things to discuss. I'm not the best person to talk them over with, but the counselor you'll see later can help you and your parents.

VIOLETTA: So you don't want to help me?

GUARD: I want you to get the right kind of help. Talking to me won't give you what you need.

THE END

That was great! Thanks for reading it.

What did you like about the way the guard dealt with the situation and what would you have done differently?

Encourage a discussion of how to set limits while being positive toward the girl.

Thanks for those ideas.

Exercise 6: Encouraging Follow-up Treatment

Correct me if I am wrong, but it sounds to me like you have one basic task when an adolescent suicide comes into the emergency room, and that is to make the sure the child doesn't hurt herself or run away.

Contributing to the efforts to have the family come to therapy is another important task.

The follow-up psychiatric treatment is designed to help the family improve their abilities to solve problems and handle conflicts.

Many of the adolescents we see here try suicide when there is a family conflict or problem that they feel can't be worked out.

Also the therapy teaches the family to support each other and give each other strokes for doing good things.

I want to take a typical situation, and see what can be done to directly encourage the family to return.

I need three actors for our role play.

Who will play the mother, the daughter, and the security guard?

Select volunteers.

Will the rest of you please be observers?

Each observer will have a different task.

Assign observer roles.

You watch for how the guard feels.

You watch the guard's body movements.

You watch what the guard does and says.

You watch the mother, and you the daughter.

The doctor has just said that the girl is cleared and can go home.

So the girl is over here and the guard is nearby.

Place the guard and the girl on one side of the room and the mother on the other side.

And the mother is over here and is going to get the girl.

Mother, your goal is to find out what you are supposed to do next.

You are still not sure.

Ask the mother

‖ So what is your goal?

Obtain answer.

‖ Daughter, your goal is to go home where you feel safe.

Ask the daughter

‖ Daughter, what is your goal?

Obtain answer.

‖ Security guard, your goal is to encourage them to return for follow-up treatment.

Ask the security guard

‖ And what is the goal of the security guard?

Obtain answer.

‖ Mother, go over there, tell the security guard that your daughter can go now, and collect your daughter.

‖ We will use a little script to get us started.

‖ After the first few lines, make up the words as you go along.

Pass out the script of "THE GUARD AND THE FAMILY."

The Guard and the Family

MOTHER: The doctor said my daughter is cleared.

DAUGHTER: I want to get out of here.

GUARD: So you are getting ready to leave?

MOTHER: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

GUARD: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

Encourage the role play and allow it to go for a few minutes.

‖ Thank you very much. That was great!

‖ I want to focus on the security guard.

‖ How did you feel during that exchange?

Get a feeling thermometer reading.

‖ What did you do that you liked and what would you do differently?

Obtain a response.

‖ Now, those of you who were observing, what did you observe, what did you like and what would you do differently if you played the guard?

Encourage responses.

‖ Do you have any other ideas about how to encourage the family to come for treatment?

Obtain suggestions.

‖ This meeting has been very helpful.

‖ After we have met with all of the staff who deal with adolescent suicides in the emergency room and after enough time has passed, we will keep you informed on any changes in the number of families who start and complete treatment.

‖ Thank you for coming to training today.

THE END

FEELINGS WHEN COPING WITH DIFFICULT SITUATIONS

Instructions: Below are some situations which you might face working in the emergency room. Please read each situation and indicate how comfortable you would feel with that situation. All of the situations are about a girl who has tried to commit suicide.

100 is very uncomfortable, and 0 is completely comfortable. Your rating can be anywhere from 0 to 100.

Scene 1: First, the girl is sobbing and sobbing, and the parents are screaming at each other.

My comfort feeling level is _____.

Scene 2: The girl is angry and cursing at everybody, including you.

My comfort feeling level is _____.

Scene 3: The girl lies quietly in a ball, and the parents pace up and down, up and down in the ER.

My comfort feeling level is _____.

Scene 4: The parents keep wanting to go in where their daughter is when they are not supposed to.

My comfort feeling level is _____.

Scene 5: The girl won't answer any questions or speak to anyone.

My comfort feeling level is _____.

Scene 6: The girl is crying and calling for her mother and her parents ignore her.

My comfort feeling level is _____.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
-
-

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time.
- STEP 2** Before 11 pm a triage nurse assesses the situation. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non-acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

Guard 1 and Guard 2

GUARD 1: Look at that pretty little girl in there. Tried to kill herself. What a shame. Damn! What kind of parents has she got.

GUARD 2: Wait a minute. You can't go blaming them.

GUARD 1: Sure can. No kid of mine would end up killing themselves.

GUARD 2: That may be, but it's not fair to jump all over the parents.

GUARD 1: Sure is.

GUARD 2: Even if they didn't know how to handle things or were under pressure because not enough money was coming in, that doesn't mean they are bad parents.

GUARD 1: Sure does.

GUARD 2: Don't be pig headed now. Let me explain why you can't make those snap decisions.

GUARD 1: OK. Give me one good reason why I shouldn't blame them.

GUARD 2: Maybe something happened at school to upset the kid. Nothing to do with the parents.

GUARD 1: (KEEP GOING ON YOUR OWN)

GUARD 2: (KEEP GOING ON YOUR OWN)

Violetta and the Guard

VIOLETTA: My parents are always accusing me of having sex with my boy friend. What am I supposed to tell them? We do it. Everybody does it, but if I told my parents, they'd kill me. I don't like lying to them, but what can I do? We got into a big fight about it. That's part of why I tried to kill myself. So what do you think I should do?

GUARD: How to handle the conflict with your parents sounds like something really important to talk about when you come back for treatment with your family.

VIOLETTA: I think my mother knows. She keeps telling me I better not be having sex, but if I do, make sure he uses a condom. She doesn't really want to know the truth. What do you think?

GUARD: I'm glad you want to talk about these things. They are good things to discuss. I'm not the best person to talk them over with, but the counselor you'll see later can help you and your parents.

VIOLETTA: So you don't want to help me?

GUARD: I want you to get the right kind of help. Talking to me won't give you what you need.

THE END

CARD 1

PASS TO THE RIGHT.

**IF THE FATHER DOESN'T COME TO
THE EMERGENCY ROOM WITH THE
DAUGHTER AND MOTHER, IT MEANS
THE FATHER DOESN'T CARE ABOUT
HIS DAUGHTER.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 2

PASS TO THE RIGHT.

**ANY TEENAGE GIRL WHO TRIES TO
KILL HERSELF IS A WEAK PERSON.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 3

PASS TO THE RIGHT.

WHEN A MOTHER ACTS HIGHLY
UPSET IN THE EMERGENCY ROOM,
SHE IS TRYING TO COVER UP HER
GUILT OVER HAVING CAUSED HER
DAUGHTER'S SUICIDE ATTEMPT.

HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?

SECURITY-EXERCISE 3

CARD 4

PASS TO THE RIGHT.

A DAUGHTER WHO TRIES TO COMMIT
SUICIDE HATES HER PARENTS.

HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?

SECURITY-EXERCISE 3

CARD 5

PASS TO THE RIGHT.

**IF A DAUGHTER TRIES TO KILL
HERSELF, IT MEANS HER PARENTS
HAVE FAILED HER.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 6

PASS TO THE RIGHT.

**IF THE DAUGHTER ISN'T
UNCONSCIOUS, SHE MUST HAVE
BEEN FAKING IT.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 7

PASS TO THE RIGHT.

**IF THE DAUGHTER TRIES TO KILL
HERSELF, IT IS A SIGN HER PARENTS
DID NOT LOVE HER ENOUGH.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 8

PASS TO THE RIGHT.

**IF A TEENAGE GIRL TRIES TO KILL
HERSELF, SHE IS JUST TRYING TO
GET ATTENTION.**

**HOW WOULD YOU ARGUE AGAINST
THAT STATEMENT?**

SECURITY-EXERCISE 3

CARD 1

PASS TO THE RIGHT.

**THE GIRL SAYS, "I REALLY AM SORRY
I TRIED TO KILL MYSELF."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

CARD 2

PASS TO THE RIGHT.

**THE GIRL SAYS, "WHEN I GOT INTO
THAT FIGHT WITH MY MOTHER, I
MADE A BIG MISTAKE."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

CARD 3

PASS TO THE RIGHT.

**THE GIRL SAYS, "I REALLY CAUSED
MY PARENTS A LOT OF GRIEF."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

CARD 4

PASS TO THE RIGHT.

**THE GIRL TAKES A FEW DEEP
BREATHS AND LIES CALMLY ON THE
TABLE.**

**HOW WOULD YOU GIVE HER A
STROKE FOR DOING THAT?**

SECURITY-EXERCISE 4

CARD 5

PASS TO THE RIGHT.

**THE GIRL SAYS, "THERE HAS GOT TO
BE A BETTER WAY TO SOLVE MY
PROBLEMS."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

CARD 6

PASS TO THE RIGHT.

**THE GIRL SAYS, "I'M NEVER GOING
TO DO THIS AGAIN."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

CARD 7

PASS TO THE RIGHT.

**THE GIRL SAYS SHE HAS TO GO THE
BATHROOM. YOU TAKE HER THERE
AND BACK WITHOUT INCIDENT.**

**HOW WOULD YOU GIVE HER A
STROKE FOR DOING THAT?**

SECURITY-EXERCISE 4

CARD 8

PASS TO THE RIGHT.

**THE GIRL SAYS, "I WONDER IF
SOMEONE COULD HELP ME TALK TO
MY PARENTS."**

**HOW WOULD YOU GIVE HER A
STROKE FOR SAYING THAT?**

SECURITY-EXERCISE 4

The Guard and the Family

MOTHER: The doctor said my daughter is cleared.

DAUGHTER: I want to get out of here.

GUARD: So you are getting ready to leave?

MOTHER: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

GIRL: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

GUARD: (MAKE UP WHAT YOU SAY NEXT AND KEEP THE ROLE PLAY GOING.)

Training Program For E.R. Clerks: Treatment Adherence In Adolescent Suicide

OBJECTIVES

THE OVERALL GOAL IS TO INCREASE THE NUMBER OF FAMILIES OF ADOLESCENT SUICIDE ATTEMPTERS WHO ADHERE TO TREATMENT.

SECONDARY GOALS ARE TO

- 1. Increase the rapport between emergency room staff and families, overcome barriers created by language, custom, and dealing with strangers.**
- 2. Support the family rather than blame it.**
- 3. Increase the family's comfort, by coping with their confusion and lack of knowledge.**
- 4. Increase being treated with respect.**
- 5. Increase a sense of privacy.**
- 6. Provide some positive reinforcement to the family and attempter.**
- 7. Make treatment adherence an explicit goal of all emergency room staff.**

SPECIFIC OBJECTIVES ARE THAT ER CLERKS WILL:

- 1. Know the attempter's path through the Emergency Room.**
- 2. Relate to attempter's and their families in a low keyed manner.**
- 3. Relate to attempter's and their families empathically.**
- 4. Obtain information with as much privacy and as little intrusiveness as possible.**
- 5. Contribute to an efficient completion of the registration through problem solving of issues with the attempter and family.**
- 6. Distribute materials on adolescent suicide to the family.**

MATERIALS

Blank Cards and Pencils
Handout: Barriers to Treatment Adherence: A Family Perspective
Handout: What Happens to an Adolescent Suicide in the E.R.
Scripts: "The Admitting Clerk and the Montoyas"
Empathy Cards
Feel Better Cards
Situations: The Anxious Family
 The Unsure Family
 The Angry Family
 The Involving Family
Family Packet to be given in the Emergency Room

Exercise 1: Introduction to Participants, Goals, and Feelings

My name is _____ and I'm with the Adolescent Health Project.

We really need your help.

Before we explain why we need your help, could you introduce yourself and tell us how many times you have registered an adolescent who tried to commit suicide.

Have each person say who they are and how many times they have registered an adolescent who tried suicide.

Thank you. Let me tell you why we need your help.

Most of the attempters seen here are girls.

The plan for these suicide attempters is that after leaving the ER the girls and their families are to be involved in a six session treatment program.

Many never get started in treatment, and others don't finish it.

Not having families follow-through is a big problem for us.

We need your help in trying to fix that situation.

The more families that come to treatment the fewer times you will have to deal with them in the Emergency Room.

Also the better we deal with families in the ER, the easier it will be for us when they do come in.

We are not blaming the families.

We think there are good reasons why they are uncomfortable with going on to treatment.

In a minute I'll tell you about what we have learned through talking with the families and the steps we are taking.

First, however, I'd like to know what kind of gut-level reactions you have when a suicidal adolescent and her family comes up to your desk in the emergency room.

Your reactions to these families will give us clues into how to bring about better compliance with attending therapy.

How do you feel when dealing with a suicide attempter and her family?

Here is a feeling thermometer.

Hold up a poster of a Feeling Thermometer.

If 100 is very uncomfortable and 0 is completely comfortable, how would you feel about these situations that I will describe to you.

Here's a card for you to record your feeling temperature on.

The card is for your use only - it doesn't get handed in.

Pass out cards and pencils.

First, the family is so confused it is hard to get them to answer questions. Different answers come from everybody.

Write down how uncomfortable you would feel - from 0 to 100.

Second, the girl is sobbing and sobbing, and the parents are screaming at each other.

Write down how uncomfortable you would feel - from 100 to 0.

Pause

Third, the girl is angry and cursing at everybody, including you.

Again, write down your feeling level.

Pause

Fourth, both the teenager and the parents seemed terrified. They speak so softly that you can hardly hear them.

Pause

Fifth, the girl won't answer any questions or speak to anyone.

Pause

So what kinds of feelings do you have when faced with those situations?

Is someone willing to share when he or she has felt most uncomfortable?

Praise the person who starts the process. Encourage sharing of feelings, expressing appreciation for self-disclosure.

Thanks. That's very helpful because it is important for us to know your reactions to the families and girls as well as their reactions to the Emergency Room.

Now let me tell you what we learned from them.

We started by holding focus groups with families to see from their perspective what might be the barriers to involvement in the six session treatment program.

Here is a summary of what we learned from them.

Hand out "BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE" and go over it.

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:*** Due to the distance created by language and custom differences.
- EMBARRASSMENT:*** Due to discussing such personal matters with strangers.
- CONFUSION:*** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:*** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:*** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often worked double shifts and could not easily leave work.
- UNCOMFORTABLE:*** Due to the lack of privacy in the emergency room.
- ANNOYED:*** Due to perceptions of impolite behavior by emergency room staff.

EXHAUSTION:	Due to the long wait in the emergency room.
SKEPTICISM:	Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."

NOTE: *The following steps describe a comprehensive ER compliance enhancement intervention. Obviously, only those procedures that are actually being used in your setting should be indicated.*

To deal with these barriers and improve our adherence rate we are employing a bilingual family therapist who will be on duty 24 hours a day.

Second, we are creating a 20 minute video in Spanish and English on what to expect in the emergency room and in treatment.

Third, we are preparing a package of relevant materials to be given to parents when they enter the emergency room with their suicidal daughter.

These materials will tell them what to expect while in the emergency room, explain what suicide is all about so that they won't blame themselves or their daughter, and encourage them to go to the six therapy sessions.

Fourth, we are developing a workbook for the daughter to use while she is waiting in her cubicle in the non-acute side of the Emergency Room.

This workbook will get her started on examining her situation, identifying her strengths, and learning about what other girls and their families have experienced.

It will help in reducing the boredom experienced in the down-time while she waits there.

Last, we are meeting with all ER staff groups who have contact with these girls and their families.

We know that you are the first contact the family has and that you are not likely to see them after that.

But how the family experiences those first few minutes in the Emergency Room might make a difference in whether they return.

Therefore you have a crucial role.

We want to work together with you on finding ways that might encourage these families to participate in treatment - even if the encouragement is indirect.

Exercise 2: Understanding How the ER Process Works

Before going further, it may be useful to examine how the Emergency Room processes an adolescent who attempts suicide.

Here is a flow chart I want to go over with you.

Hand out flow chart and go over it. (Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time. Or the family walks into the Emergency Room and proceeds to the intake desk.
- STEP 2** Before 11 pm a triage nurse assesses the situation after information is collected by the admitting clerk. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non- acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, Attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(Note: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

From this description of what goes on in the Emergency Room can you identify any changes that you think we should be working on?

Answer questions about the E.R. process and discuss recommended changes. If possible, emphasize the delays and long waits. Should the amount of time available for this training session be a problem, develop a list of recommended changes and limit the discussion.

Exercise 3: Keeping a Low-keyed Profile

To start us off in this next area I need three volunteers to read the parts of the Admitting Clerk, Mrs. Montoya, and her daughter, Anita.

Select the volunteers, give them the scripts, and have them start reading the scene.

The Admitting Clerk and the Montoyas

CLERK: How can I help you?

MRS. MONTOYA: Quick! My daughter tried to kill herself.

CLERK: Is this your daughter standing here?

MRS. MONTOYA: Yes, she swallowed all these pills.

CLERK: I'm going to call a nurse. Mother, you just stay right where you are. OK?

MRS. MONTOYA: Ok, but do something fast.

CLERK: I know it must be really scary.

MRS. MONTOYA: God, I just hope she lives.

THE END

Thank you very much - that was terrific.

When a family comes into the Emergency Room after a suicide attempt, they are bound to be upset.

The crisis atmosphere of the ER can be even more disturbing.

A calm, cool, and collected admitting clerk can be very helpful to a family.

How do you do it?

How do you stay low keyed?

We need to know your secrets.

I want you to work in pairs to help us find out your approach.

Divide the group into pairs.

Staying cool usually depends on what we tell ourselves.

I will read a brief situation to you.

Please tell me what you would say to yourself to stay calm in this situation.

Read each pair one of the scenes. Encourage them to indicate what they would say to themselves. If they want to add something they would do as well as say that is fine. Here are some ideas on staying calm.

DO

Take a few deep breaths

Yawn and stretch

Tighten your toes and release - let the tension flow out

Hunch up your shoulders and let them down

Take a sip of water or soda

Take a break

Think of a favorite place where you feel at ease

Leave for a few minutes, then come back

SAY

Take it easy.

I can handle this.

This will pass.

What do I need to do?

I have handled worse situations before.

Relax. I'm in control.

I won't let her provoke me.

Pay attention.

Stay focused.

She's just frightened.

I'VE GOT A PLAN.

Take a few breaths.

Here is the first scene. The mother, father and daughter are standing in front of you. The parents are screaming at the daughter. She looks terrified.

What would you say to yourself to stay calm?

Encourage answer.

That was great.

Does anyone else have a suggestion of what they would say to themselves to stay calm?

Elicit additional ideas.

Here is the second scene. You are trying to get information. The mother keeps saying to you, "We want to see the doctor now! No questions!"

What would you say to yourself to stay calm?

Encourage answer.

That was helpful.

Does anyone else have a suggestion of what they would say to themselves to stay calm?

Elicit additional suggestions.

Here is the third situation. The mother is standing in front of you. The father is holding the daughter up. She looks almost unconscious. The mother is very upset and says, "My daughter tried to kill herself. Please help us. Please help us!"

What would you say to yourself to stay calm?

Encourage answer.

That was a good answer.

Does anyone else have a suggestion of what they would say to themselves to stay calm?

Elicit additional ideas.

Here is the fourth situation. You have tried and tried to get the basic information out of the mother, but all she can do is to stammer and cry. The daughter just stands there with her head down.

What would you say to yourself to stay calm?

Encourage answer.

That was great.

Does anyone else have a suggestion of what they would say to themselves to stay calm?

Elicit additional ideas.

Thank you very much for those suggestions on staying cool.

Exercise 4: Expressing Empathy

Teenage suicide attempts can generate all kinds of attitudes and feelings in Emergency Room staff.

Is it the parents' fault?

Is the teenager playing a game?

Should a suicide attempt by a teenager be taking up the ER's time?

An understanding admitting clerk can make all the difference in the world.

The first person the family meets sets the stage for what is to follow and is often the person most remembered.

We want to know what your techniques are for showing that you understand and are concerned.

To get at the strategies that you use I will give you a card.

You pass the card as instructed.

The person who gets the card will read you a situation.

You tell us how you would see this situation in an understanding and sympathetic way.

How would you explain the situation so that the family was not blamed or put down, but was understood?

For example, I pass it, and that person reads me this situation. "The mother is pacing up and down, not giving complete answers to your questions. How do you explain this?"

I might answer. "The mother is so upset over the suicide attempt that she can't concentrate on what I am asking her."

On the back of the card is a clue.

There is no "right" answer.

After I respond, then the person with the card turns it over and mentions what the back says.

Have you got the idea?

Pass out the cards one at a time. Make sure everyone receives a card even if the "pass to" does not completely fit. After the person has answered, ask if anyone else would like to share how they might explain the situation in an empathic way, go through the cards until each person has had a turn. If the group has less than four people in it, you may wish to go around twice, using some of the remaining cards.

EMPATHY CARDS

PASS TO THE RIGHT.

AS YOU TRY TO OBTAIN INFORMATION FROM THE MOTHER, THE DAUGHTER KEEPS INTERRUPTING YOU, TUGGING AT THE MOTHER'S SLEEVE AND SAYING, "LET'S GO HOME, MOM. NOTHING HAPPENED. REALLY! DON'T MAKE A BIG DEAL OUT OF IT."

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 1, FRONT, ER CLERKS

IDEA: MAYBE PEOPLE NEED TO DENY THAT FRIGHTENING THINGS HAPPENED IN HOPE THAT THEY WON'T HAVE TO DEAL WITH THEM.

CARD 1, BACK

PASS TO THE RIGHT.

THE PARENTS STAND BEFORE YOU WITH DARK GLASSES ON AND THEIR COATS PULLED WAY UP. EVERY TIME YOU ASK THEM FOR INFORMATION, THEY WHISPER SO SOFTLY THAT YOU CAN HARDLY HEAR THEM.

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 2, FRONT, ER CLERKS

IDEA: MAYBE THE PARENTS ARE ASHAMED OF WHAT HAPPENED AND DON'T WANT ANYONE TO KNOW.

CARD 2, BACK

PASS TO THE RIGHT.

AS YOU KEEP TRYING TO GET INFORMATION FROM THE PARENTS, THEY REPEAT OVER AND OVER AGAIN, "IT WAS HER BOYFRIEND. HE WAS THE BAD INFLUENCE. NOTHING WOULD HAVE HAPPENED IF HE WEREN'T AROUND."

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 3, FRONT, ER CLERKS

IDEA: MAYBE THE PARENTS EXPECT TO BE BLAMED FOR THEIR DAUGHTER'S SUICIDE ATTEMPT. MAYBE THEY FEEL GUILTY AND WANT TO FIND SOMEONE RESPONSIBLE FOR THE ATTEMPT.

CARD 3, BACK

PASS TO THE RIGHT.

WHILE YOU ARE TRYING TO OBTAIN INFORMATION FROM THE PARENTS, THEY ARE ARGUING. THE FATHER SAYS TO THE MOTHER, "YOU SHOULD HAVE MADE HER COME IN BY 9 O'CLOCK." THE MOTHER SAYS TO THE FATHER, "WE SHOULD HAVE SAT DOWN AND TALKED WITH HER MORE." THEY WON'T STOP BICKERING.

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 4, ER CLERKS

IDEA: MAYBE THE MOTHER AND FATHER ARE BOTH TRYING TO PROTECT THEIR DAUGHTER IN THEIR OWN WAYS.

PASS TO THE RIGHT.

EVERY TIME YOU ASK A QUESTION, THE MOTHER SAYS SOMETHING LIKE "WHAT DO YOU NEED TO KNOW THAT FOR? IT'S NONE OF YOUR DAMN BUSINESS." OR SHE SAYS, "GET OFF MY CASE AND FIND ME A DOCTOR."

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 5, ER CLERKS

IDEA: MAYBE THE MOTHER IS ONE OF THOSE PEOPLE WHO GETS ANGRY UNDER STRESS - PARTICULARLY WHEN SOMETHING HAS HAPPENED BEYOND HER CONTROL.

CARD 5, BACK

PASS TO THE RIGHT.

YOU WANT TO GET THE INFORMATION THAT YOU NEED, BUT THE PARENTS KEEP SAYING THINGS LIKE, "WE DID EVERYTHING WE COULD FOR HER." "I WORK TWO JOBS TO FEED THE FAMILY." "SHE'S ALWAYS BEEN A HAPPY CHILD."

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 6, ER CLERKS

IDEA: MAYBE THE PARENTS WANT TO MAKE SURE THEY DON'T GET BLAMED FOR BEING BAD PARENTS.

CARD 6, BACK

PASS TO THE RIGHT.

TO HALF THE QUESTIONS YOU ASK, THE MOTHER RESPONDS, "I CAN'T REMEMBER." HER UPPER LIP IS COVERED WITH DROPS OF SWEAT, AND SHE KEEPS LOOKING ALL AROUND THE WAITING ROOM.

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 7, ER CLERKS

IDEA: MAYBE THE MOTHER GETS HIGHLY ANXIOUS UNDER STRESS AND HER RECALL OF TIMES, DATES, NUMBERS AND PAST EVENTS IS INTERRUPTED BY HER ANXIETY.

CARD 7, BACK

PASS TO THE RIGHT.

WHILE YOU ARE OBTAINING INFORMATION, THE MOTHER SAYS, "I WISH MY HUSBAND WAS HERE." AND THE DAUGHTER SAYS, "DADDY DOESN'T GIVE A SHIT."

HOW WOULD YOU EXPLAIN THIS SCENE?

CARD 8, ER CLERKS

IDEA: MAYBE BOTH THE MOTHER AND THE DAUGHTER WANT THE FATHER'S SUPPORT. AS THERE COULD BE MANY REASONS WHY HE IS NOT PRESENT, IT IS TOO EARLY TO ASSUME THAT HE DOESN'T CARE ABOUT HIS DAUGHTER.

CARD 8, BACK

That was really great.

Thank you for sharing how would you understand these situations.

Exercise 5: Maintaining Privacy

In talking with families we have found that the lack of privacy in the Emergency Room can be a negative factor.

We want to know what kinds of techniques you have come up with to help people entering the Emergency Room feel that very sensitive matters are dealt with as privately as possible.

For example, one clerk indicated that instead of asking out loud if something was correct, she showed the form to the person and then asked if what she wrote down was all right.

I would like you to meet in small groups for a few minutes and make a list of the techniques you use to maintain privacy.

Divide the group into two smaller units. Allow five minutes. Have them put their lists on newsprint.

Would you please share the ideas you developed?

Encourage sharing. Discuss.

Thanks. That was very helpful.

Exercise 6: Reviewing Materials for Parents

Earlier I mentioned that we had developed materials for parents when they enter the Emergency Room.

These materials help parents know what to expect, and they also try to make sure that parents do not blame themselves.

We want parents to help adolescents not be suicidal.

The plan is for the packet to be given to parents by you when they first come into the ER.

There are five parts to the package: 1) a booklet for the parents; 2) a Spanish speaking magazine; 3) a brush, toothbrush and mirror; 4) gum and a candy bar; and 5) a comic book designed for teenagers who attempt suicide.

I'll explain each one.

Here is a copy of the material for the parents.

Pass out copies of the booklet for parents of adolescent suicide attempters and go over it.

Let's go through it briefly together.

Review the booklet.

It tells parents what to expect in the Emergency Room and then later on in the Suicide Clinic.

The booklet describes both places and tells the parents what happens in both places.

The material is designed to make your job easier by providing parents with answers to questions and giving them something to do.

Are there any questions about the booklets?

Answer questions.

When they finish with the material, they can look at the Spanish language magazine.

It will distract them and help keep their minds off of upsetting thoughts.

The parents can give the brush, toothbrush, and mirror to their teenager - a helpful gesture - showing concern for the daughter's welfare.

The gum and candy is a treat for when someone is hungry or needs a little pick up.

The workbook is for the teenager to look at while waiting to be evaluated by the psychiatric staff.

Pass out a copy of the comic book.

While appearing to be a comic book, it gets into adolescent suicide and begins the process of teaching the teenager new skills.

These skills will help to reduce suicidal thoughts and actions.

The comic book is not a substitute for therapy.

Exercise 7: Problem Solving Situations

As I understand it, part of your job is to get the information that you need quickly, correctly, and without getting all wrapped up in the person's problems.

Some times people come to your desk, and without intending to, they create situations which make it harder for you to do your job.

What we want are your ideas on how to solve these situations.

We want you to brainstorm solutions.

By brainstorming we mean to generate a list of ideas without screening any out at this point.

After you have your list of brainstormed ideas, select two which you would actually try in that situation.

Divide the group into four pairs or four small groups depending on the total number of people involved. If there are only four people, then each one will get a situation to work on.

¶ Here are the situations to work on.

Pass out a different situation to each group or pair.

PROBLEM SOLVING SITUATIONS

SITUATION 1: THE ANXIOUS FAMILY

The mother and daughter are present. The daughter lingers in the background looking ill while the mother paces back and forth in front of you. She keeps mumbling "Dear God, Dear God" to herself. When you ask her for information, she seems either not to hear you or to ignore you. The mother's hands tremble. You catch her eye occasionally, but then she quickly glances away and continues her rapid walking.

What would you say and do to make it easier to obtain the information that you need?

SITUATION 2: THE UNSURE FAMILY

The father is sitting with the daughter, his arm around her, comforting her. The mother is trying to provide you with the information that you need. She will answer a question, but when you start to go to the next one, she keeps interrupting you and saying, "Before you ask me, I want to know what is going to happen to Maria. How long will she be here? Will they pump out her stomach? Does she have to stay over night? What am I supposed to do? Does my husband need to stay here with her? Can he go to work in a couple hours? Is a doctor going to look at her? I want to be there when he does. So tell me."

What would you say and do to make it easier to obtain the information that you need?

SITUATION 3: THE ANGRY FAMILY

The mother and daughter are standing back from the desk about five feet. The daughter looks very scared. The mother's face is a mask - tight but expressionless. The father is right up in your face. When you try to ask him questions, he says to you, "Get me a doctor - now. Don't keep asking me dumb questions. My daughter tried to kill herself. I made her throw up some, but she has to see a doctor right this minute. She's still got stuff in her. You get me a doctor and, when my daughter is ok, I'll tell you what ever you want to know. Stop farting around!"

What would you say and do to make it easier to obtain the information that you need?

SITUATION 4: THE INVOLVING FAMILY

The mother and daughter are in front of you. The mother has said that her daughter tried to kill herself. When you ask her questions, she deflects them. She says to you, "It's all about the boyfriend. You see I told Inez I thought he was too old for her. She wants me to stay out of her business. I tell her not to go out with him. She gets mad at me. Did I do right? Then the more I tell Inez to stop seeing him, the more she goes out with him. I told her he is big trouble. She doesn't believe me. What does an old mother know. Then one day he drops her. She cries all night. She says she can't live without him. Next thing I know she tries to commit suicide. I was right. I was right, wasn't I?"

What would you say and do to make it easier to obtain the information that you need?

Remember, first brainstorm ideas of how to handle the situation.

Then pick two that you would be willing to try.

Go ahead and get started.

Allow five minutes to problem solve the situation.

Let's hear from each of the groups.

Tell us what your situation was, your brainstormed ideas, and what you would try.

After each group presents, encourage reactions from the others.

Those were great ideas for handling some problem situations.

I want to thank you for all of your help.

Focusing on the beginning - where the family enters the Emergency Room - will help to encourage families to continue the process through the end - finishing treatment.

You make a big difference in whether these families come to treatment.

Your contribution is very much appreciated.

THE END

BARRIERS TO TREATMENT ADHERENCE: A FAMILY PERSPECTIVE

AFTER THE EMERGENCY ROOM EXPERIENCE FAMILIES FELT

- ANXIETY:** Due to the distance created by language and custom differences.
- EMBARRASSMENT:** Due to discussing such personal matters with strangers.
- CONFUSION:** Due to not understanding what was expected in the emergency room, what was happening, and why.
- BLAMED:** Due to interpreting staff comments as blaming them for their daughter's attempt and implying that they were "bad" parents.
- IRRITATION:** Due to being asked to take the time for therapy when mothers were already overburdened with appointments and fathers often worked double shifts and could not easily leave work.
- UNCOMFORTABLE:** Due to the lack of privacy in the emergency room.
- ANNOYED:** Due to perceptions of impolite behavior by emergency room staff.
- EXHAUSTION:** Due to the long wait in the emergency room.
- SKEPTICISM:** Due to negative expectations about what therapy could do, confusion over what therapy was supposed to accomplish, and disagreement with the implication that going to therapy meant they were all "crazy."
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WHAT HAPPENS TO AN ADOLESCENT SUICIDE IN THE E.R.

- STEP 1** EMS delivers the attempter to the E.R. Security is notified ahead of time. Or the family walks into the Emergency Room and proceeds to the intake desk.
- STEP 2** Before 11 pm a triage nurse assesses the situation after information is collected by the admitting clerk. After 11 pm, the attempter may be placed directly in a space on the acute side. Security appears.
- STEP 3** A nurse and pediatric resident evaluate the attempter. Parents are often interviewed as well.
- STEP 4** Necessary procedures such as pumping her stomach and blood work are done.
- STEP 5** When medically stabilized, she is moved to the non- acute side of the E.R. and placed in an examining room where she waits for medical clearance and a psychiatric evaluation. Security continues to be present. Psychiatry is notified. Medical clearance typically occurs within three hours.
- STEP 6** When medically cleared during the day, she goes upstairs for a psychiatric evaluation by the Crisis Unit in Child Psychiatry. At night she waits for a psychiatrist to evaluate her in the Emergency Room. Waiting time at night depends on how far away the psychiatrist lives.
- STEP 7** She is evaluated upstairs by psychiatrists, Attendings in the Suicide Clinic, or Crisis Attendings. The psychiatrist interviews both the attempter and her parents. (See Note #1 below.) At this point the patient is either given psychiatric clearance for outpatient treatment or referred for an inpatient hospitalization. She may stay in the examining room on the non-acute side of the E.R. for from one to two days. Security or a psych aide is always present.
- STEP 8** Under the new arrangements, the bilingual case manager/family therapist who is on 24 hour duty will be notified and will come to the E.R. or psychiatric unit and will make contact with the parents and daughter. (See Note #2 below.)
- STEP 9** When medically and psychiatrically cleared, the girl is released.

Note #1: There are times when the parents do not know they are to be present for an interview with the psychiatrist. Consequently they have left the hospital or are outside of the E.R. When the psychiatrist is called for an evaluation, it is critical that the psychiatrist ask the caller to make sure the parents are present.

Note #2: The case manager is present for support and to link the family with treatment. Some crisis management may be started by the case manager as well. The case manager cannot provide medical or psychiatric clearance but can deal with the interface between different components of the E.R., psychiatry, and the treatment project.

(NOTE: Each hospital has its own procedures for processing attempters. If the procedures are different at your hospital, draft your own procedures.)

The Admitting Clerk and the Montoyas

CLERK: How can I help you?

MRS. MONTOYA: Quick! My daughter tried to kill herself.

CLERK: Is this your daughter standing here?

MRS. MONTOYA: Yes, she swallowed all these pills.

CLERK: I'm going to call a nurse. Mother, you just stay right where you are. OK?

MRS. MONTOYA: Ok, but do something fast.

CLERK: I know it must be really scary.

MRS. MONTOYA: God, I just hope she lives.

THE END

CARD 1, FRONT

PASS TO THE RIGHT.

AS YOU TRY TO OBTAIN INFORMATION FROM THE MOTHER, THE DAUGHTER KEEPS INTERRUPTING YOU, TUGGING AT THE MOTHER'S SLEEVE AND SAYING, "LET'S GO HOME, MOM. NOTHING HAPPENED. REALLY! DON'T MAKE A BIG DEAL OUT OF IT."

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 2, FRONT

PASS TO THE RIGHT.

THE PARENTS STAND BEFORE YOU WITH DARK GLASSES ON AND THEIR COATS PULLED WAY UP. EVERY TIME YOU ASK THEM FOR INFORMATION, THEY WHISPER SO SOFTLY THAT YOU CAN HARDLY HEAR THEM.

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 1, BACK

**IDEA: MAYBE PEOPLE NEED TO DENY THAT
FRIGHTENING THINGS HAPPENED IN HOPES THAT
THEY WON'T HAVE TO DEAL WITH THEM.**

CARD 2, BACK

**IDEA: MAYBE THE PARENTS ARE ASHAMED OF
WHAT HAPPENED AND DON'T WANT ANYONE TO
KNOW.**

CARD 3, FRONT

PASS TO THE RIGHT.

AS YOU KEEP TRYING TO GET INFORMATION FROM THE PARENTS, THEY REPEAT OVER AND OVER AGAIN, "IT WAS HER BOYFRIEND. HE WAS THE BAD INFLUENCE. NOTHING WOULD HAVE HAPPENED IF HE WEREN'T AROUND."

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 4, FRONT

PASS TO THE RIGHT.

WHILE YOU ARE TRYING TO OBTAIN INFORMATION FROM THE PARENTS, THEY ARE ARGUING. THE FATHER SAYS TO THE MOTHER, "YOU SHOULD HAVE MADE HER COME IN BY 9 O'CLOCK." THE MOTHER SAYS TO THE FATHER, "WE SHOULD HAVE SAT DOWN AND TALKED WITH HER MORE." THEY WON'T STOP BICKERING.

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 3, BACK

**IDEA: MAYBE THE PARENTS EXPECT TO BE
BLAMED FOR THEIR DAUGHTER'S SUICIDE
ATTEMPT. MAYBE THEY FEEL GUILTY AND WANT TO
FIND SOMEONE RESPONSIBLE FOR THE ATTEMPT.**

CARD 4, BACK

**IDEA: MAYBE THE MOTHER AND FATHER ARE BOTH
TRYING TO PROTECT THEIR DAUGHTER IN THEIR
OWN WAYS.**

CARD 5, FRONT

PASS TO THE RIGHT.

EVERY TIME YOU ASK A QUESTION, THE MOTHER SAYS SOMETHING LIKE "WHAT DO YOU NEED TO KNOW THAT FOR? IT'S NONE OF YOUR DAMN BUSINESS." OR SHE SAYS, "GET OFF MY CASE AND FIND ME A DOCTOR."

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 6, FRONT

PASS TO THE RIGHT.

YOU WANT TO GET THE INFORMATION THAT YOU NEED, BUT THE PARENTS KEEP SAYING THINGS LIKE, "WE DID EVERYTHING WE COULD FOR HER." "I WORK TWO JOBS TO FEED THE FAMILY." "SHE'S ALWAYS BEEN A HAPPY CHILD."

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 5, BACK

**IDEA: MAYBE THE MOTHER IS ONE OF THOSE
PEOPLE WHO GETS ANGRY UNDER STRESS -
PARTICULARLY WHEN SOMETHING HAS HAPPENED
BEYOND HER CONTROL.**

CARD 6, BACK

**IDEA: MAYBE THE PARENTS WANT TO MAKE SURE
THEY DON'T GET BLAMED FOR BEING BAD
PARENTS.**

CARD 7, FRONT

PASS TO THE RIGHT.

TO HALF THE QUESTIONS YOU ASK, THE MOTHER RESPONDS, "I CAN'T REMEMBER." HER UPPER LIP IS COVERED WITH DROPS OF SWEAT, AND SHE KEEPS LOOKING ALL AROUND THE WAITING ROOM.

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 8, FRONT

PASS TO THE RIGHT.

WHILE YOU ARE OBTAINING INFORMATION, THE MOTHER SAYS, "I WISH MY HUSBAND WAS HERE." AND THE DAUGHTER SAYS, "DADDY DOESN'T GIVE A SHIT."

HOW WOULD YOU EXPLAIN THIS SCENE?

ER CLERKS

CARD 7, BACK

IDEA: MAYBE THE MOTHER GETS HIGHLY ANXIOUS UNDER STRESS AND HER RECALL OF TIMES, DATES, NUMBERS AND PAST EVENTS IS INTERRUPTED BY HER ANXIETY.

CARD 8, BACK

IDEA: MAYBE BOTH THE MOTHER AND THE DAUGHTER WANT THE FATHER'S SUPPORT. AS THERE COULD BE MANY REASONS WHY HE IS NOT PRESENT, IT IS TOO EARLY TO ASSUME THAT HE DOESN'T CARE ABOUT HIS DAUGHTER.

PROBLEM SOLVING SITUATIONS

SITUATION 1: THE ANXIOUS FAMILY

The mother and daughter are present. The daughter lingers in the background looking ill while the mother paces back and forth in front of you. She keeps mumbling "Dear God, Dear God" to herself. When you ask her for information, she seems either not to hear you or to ignore you. The mother's hands tremble. You catch her eye occasionally, but then she quickly glances away and continues her rapid walking.

What would you say and do to make it easier to obtain the information that you need?

SITUATION 2: THE UNSURE FAMILY

The father is sitting with the daughter, his arm around her, comforting her. The mother is trying to provide you with the information that you need. She will answer a question, but when you start to go to the next one, she keeps interrupting you and saying, "Before you ask me, I want to know what is going to happen to Maria. How long will she be here? Will they pump out her stomach? Does she have to stay over night? What am I supposed to do? Does my husband need to stay here with her? Can he go to work in a couple hours? Is a doctor going to look at her? I want to be there when he does. So tell me."

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SITUATION 3: THE ANGRY FAMILY

The mother and daughter are standing back from the desk about five feet. The daughter looks very scared. The mother's face is a mask - tight but expressionless. The father is right up in your face. When you try to ask him questions, he says to you, "Get me a doctor - now. Don't keep asking me dumb questions. My daughter tried to kill herself. I made her throw up some, but she has to see a doctor right this minute. She's still got stuff in her. You get me a doctor and, when my daughter is ok, I'll tell you what ever you want to know. Stop farting around!"

What would you say and do to make it easier to obtain the information that you need?

SITUATION 4: THE INVOLVING FAMILY

The mother and daughter are in front of you. The mother has said that her daughter tried to kill herself. When you ask her questions, she deflects them. She says to you, "It's all about the boyfriend. You see I told Inez I thought he was too old for her. She wants me to stay out of her business. I tell her not to go out with him. She gets mad at me. Did I do right? Then the more I tell Inez to stop seeing him, the more she goes out with him. I told her he is big trouble. She doesn't believe me. What does an old mother know. Then one day he drops her. She cries all night. She says she can't live without him. Next thing I know she tries to commit suicide. I was right. I was right, wasn't I?"

What would you say and do to make it easier to obtain the information that you need?
